

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 909

For Official Use Only

Statement covers period

from 03/08/2009

through 05/02/2009

Date of election if applicable: (Month, Day, Year)

03/24/2009

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1287846

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ActBlue

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------|-----------|--------------|----------------------|
| <u>Cambridge</u> | <u>MA</u> | <u>02138</u> | <u>(617)395-9506</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Matt DeBergalis

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------|-------|--------------|-----------------------|
| <u>Cambridge</u> | | <u>02238</u> | <u>(617) 395-9506</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

0

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

Page 3 of 909

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ActBlue

I.D. NUMBER

1287846

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$307,254.30 | \$561,329.30 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$307,254.30 | \$561,329.30 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$307,254.30 | \$561,329.30 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|--------------|--------------|
| 6. Payments Made | Schedule E, Line 4 | \$247,945.63 | \$435,464.63 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$247,945.63 | \$435,464.63 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$0.00 | \$0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$247,945.63 | \$435,464.63 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|--------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$112,584.04 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$307,254.30 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$60.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$247,945.63 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$171,952.71 | |
| If this is a termination statement, Line 16 must be zero. | | | |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$0.00 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 4 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | ALI ABOLFAZLI SAN FRANCISCO, CA 94114-1612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STANFORD HOSPITAL RN | \$500.00 | \$500.00 | |
| 4/17/2009 | HILLEL ABRAMS LOS ANGELES, CA 90036-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$99.00 | \$99.00 | |
| 4/3/2009 | PLANNED PARENTHOOD ACTION FUND SAN DIEGO, CA 92108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A N/A | \$850.00 | \$850.00 | |
| 4/10/2009 | PHYLLIS AGRAN IRVINE, CA 92612-2747 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PHYLLIS F. AGRAN, MD, INC PHYSICIAN | \$100.00 | \$200.00 | |
| 4/10/2009 | PHYLLIS AGRAN IRVINE, CA 92612-2747 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PHYLLIS F. AGRAN, MD, INC PHYSICIAN | \$100.00 | \$200.00 | |

SUBTOTAL

Schedule A Summary

| | |
|---|---------------------------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$253,553.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$53,701.30 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$307,254.30 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 5 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/6/2009 | C DAVID AI SAN FRANCISCO, CA 94121-2531 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$500.00 | \$500.00 | |
| 3/31/2009 | REEM ALALUSI MORAGA, CA 94556-2712 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BARONESS UDDIN, MP (UK) LEGISLATIVE DIRECTOR | \$105.00 | \$105.00 | |
| 3/16/2009 | FRANCISCO ALDANA VAN NUYS, CA 91405-4836 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE ADVOCATES' LAW FIRM, LLP ATTORNEY PARTNER | \$250.00 | \$250.00 | |
| 3/24/2009 | JOHN ALLEN RCHO STA MARG, CA 92688-8750 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CRESCENDO CHARTER SCHOOLS EDUCATOR | \$250.00 | \$250.00 | |
| 3/27/2009 | RODGER ALLEN HAYWARD, CA 94541-5560 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SUPERIOR COURT OF CALIFORNIA COURT STAFF | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 6 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/16/2009 | CHRISTINA ALTMAYER PASADENA, CA 91107-5357 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALTMAYER CONSULTING INC MANAGEMENT CONSULTANT | \$150.00 | \$150.00 | |
| 3/12/2009 | MATT AMAR SAN DIEGO, CA 92103-7333 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BORDERLINE FILMS TTAMAR2002@YAHOO.COM | \$105.00 | \$105.00 | |
| 3/26/2009 | CATHERINEL ANDERSON OAKLAND, CA 94608-3939 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SF DISTRICT ATTORNEYS OFFICE CHIEF OF POLICY | \$100.00 | \$100.00 | |
| 3/30/2009 | JILL ANDERSON SAUSALITO, CA 94965-1839 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDGEWOOD CENTER SOCIAL WORKER | \$105.00 | \$105.00 | |
| 4/24/2009 | DERIK AOKI SAN FRANCISCO, CA 94127-1818 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SAN FRANCISCO GRANT MANAGER | \$300.00 | \$300.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 05/02/2009 | Page 7 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | COURTNEY ARMSTRONG CANOGA PARK, CA 91304-5503 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WARNER BROS. EXECUTIVE | \$1,000.00 | \$1,000.00 | |
| 3/20/2009 | KEVINJ ARMSTRONG NEW YORK, NY 10019-1095 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PERSHING ADVISOR SOLUTIONS LLC ATTORNEY | \$500.00 | \$500.00 | |
| 3/20/2009 | BENJAMIN AU OAKLAND, CA 94609-2131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KEKER & VAN NEST LLP ATTORNEY | \$250.00 | \$250.00 | |
| 4/21/2009 | NANCY AU MANHATTAN BEACH, CA 90266-2441 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED  | \$100.00 | \$100.00 | |
| 4/21/2009 | EDWARD AVANT WASHINGTON, DC 20009-5405 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$100.00 | |

SUBTOTAL

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 05/02/2009 | Page 8 of 909 |

SEE INSTRUCTIONS ON REVERSE

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/6/2009 | JUDITH BAKER SAN FRANCISCO, CA 94115-3740 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SOUTH OF MARKET CHILD CARE INC. FAMILY RESOURCE CENTER DIRECTOR | \$100.00 | \$100.00 | |
| 4/30/2009 | GISELLE BARRY SAN FRANCISCO, CA 94114 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALLIANCE FOR CLIMATE PROTECTION COMMUNICATIONS | \$100.00 | \$100.00 | |
| 3/10/2009 | JASMINE BASRAI FREMONT, CA 94536-4904 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IBM PRODUCT MANAGER | \$200.00 | \$200.00 | |
| 4/16/2009 | MICHAELP BATES PALO ALTO, CA 94301-2817 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MOSAIC NETWORK, INC. EDUCATIONAL RESEARCHER | \$1,200.00 | \$1,200.00 | |
| 3/30/2009 | NATALIE BATLIN SAN FRANCISCO, CA 94108-4608 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ST. MORITZ SALON AND SPA SALON/SPA OWNER | \$105.00 | \$105.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 9 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | LYNN BELTRANO WALNUT CREEK, CA 94596-4822 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WELLS FARGO SUPERVISOR | \$100.00 | \$100.00 | |
| 4/21/2009 | WYNNE BENTI BISHOP, CA 93514-2207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SPOTTED DOG PRESS, INC. PUBLISHER | \$100.00 | \$100.00 | |
| 4/15/2009 | KENDALL BENTZ WASHINGTON, DC 20011-5944 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WHITE HOUSE WRITERS GROUP COMMUNICATIONS CONSULTANT | \$100.00 | \$100.00 | |
| 3/24/2009 | JESSICA BERRY ATHERTON, CA 94027-6415 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOME CARE ASSISTANCE, INC. FRANCHISE MARKETING ASSOCIATE | \$100.00 | \$100.00 | |
| 3/16/2009 | MARGOT BIEHLE SAN ANSELMO, CA 94960-2744 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PROJECT FROG ATTORNEY | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.


SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 10 of 909 |

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I.D. Number
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | SEJAL BINNINGS SAN FRANCISCO, CA 94146-0461 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOD OL' GIRLS WOMEN'S POLITICAL GROUP | \$300.00 | \$300.00 | |
| 3/9/2009 | CORY BLACK ATASCADERO, CA 93422-1866 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KENYON BLACK, INC. PARTNER | \$100.00 | \$100.00 | |
| 4/30/2009 | ERIC BLACKWELL WASHINGTON, DC 20009 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | US HOUSE OF REPRESENTATIVES SCHEDULER | \$100.00 | \$100.00 | |
| 4/28/2009 | GARY BLOOM AROMAS, CA 95004-9663 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | UNIVERSITY OF CALIFORNIA ASSOCIATE DIRECTOR | \$500.00 | \$500.00 | |
| 4/22/2009 | CLAIRE BODDY SAN FRANCISCO, CA 94110-5751 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$100.00 | \$100.00 | |

SUBTOTAL

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IND - Individual
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 11 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | LITTLE FAWN BOLAND SAN FRANCISCO, CA 94115-4569 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROSETTE & ASSOCIATES, PC ATTORNEY | \$100.00 | \$100.00 | |
| 4/20/2009 | DONALD BOLCE FREMONT, CA 94536-1584 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SANTA CLARA COUNTY OFFICE OF EDUCATION EDUCATION | \$100.00 | \$100.00 | |
| 3/23/2009 | ADAM BORELLI SAN FRANCISCO, CA 94114-3438 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE GRANTS ASSOCIATE | \$250.00 | \$300.00 | |
| 3/31/2009 | ADAM BORELLI SAN FRANCISCO, CA 94114-3438 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE GRANTS ASSOCIATE | \$50.00 | \$300.00 | |
| 4/20/2009 | PATTI-ANN BOSSERT SAN JOSE, CA 95110-1469 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SOCIAL WORKER | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 12 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/20/2009 | PHILLIP BOUTOTE SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/30/2009 | POLLY BOVE PALO ALTO, CA 94301-3820 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FREMONT UNION HIGH SCHOOL DISTRICT SUPERINTENDENT | \$250.00 | \$250.00 | |
| 4/25/2009 | MARK BRALY DAVIS, CA 95618-6718 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$200.00 | \$200.00 | |
| 4/21/2009 | VIVIEN BRALY SAN ANSELMO, CA 94960-2351 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JEWISH COMMUNITY FEDERATION - MARIN OFFICE PROGRAM COORDINATOR | \$100.00 | \$100.00 | |
| 4/26/2009 | MARK BRIDGES LOS ANGELES, CA 90027-3234 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FOCUS FEATURES/ EPSG MANAGEMENT SERVICES COSTUME DESIGNER | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | WILLIAMJ. BRIGGS, II NORTHRIDGE, CA 91326-3913 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LAVELY & SINGER ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 3/30/2009 | CHRISTOPHER BROWN SAN FRANCISCO, CA 94122-3673 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROTHSTEIN, KASS & CO. LLP TAX ATTORNEY | \$500.00 | \$500.00 | |
| 4/21/2009 | JAMES BROWN NOVATO, CA 94947-4916 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF EDUCATION CONSULTANT EDUCATION CONSULTANT | \$1,000.00 | \$1,000.00 | |
| 3/14/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$25.00 | \$195.00 | |
| 4/8/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$10.00 | \$195.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$25.00 | \$195.00 | |
| 4/10/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$70.00 | \$195.00 | |
| 4/14/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$25.00 | \$195.00 | |
| 5/2/2009 | STEVEN BROWN MOORPARK, CA 93021-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEB QUEST, INC. ACCOUNTANT | \$40.00 | \$195.00 | |
| 3/29/2009 | JOAN BUCHANAN DANVILLE, CA 94526-0318 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CA ASSEMBLY ASSEMBLYMEMBER | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/25/2009 | SABRINA BUELL SAN FRANCISCO, CA 94107-4141 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MATTHEW MARKS GALLERY SALES | \$50.00 | \$120.00 | |
| 4/2/2009 | SABRINA BUELL SAN FRANCISCO, CA 94107-4141 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MATTHEW MARKS GALLERY SALES | \$70.00 | \$120.00 | |
| 5/2/2009 | GARY BULLOCK SACRAMENTO, CA 95835-1638 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HONEYWELL REGIONAL MANAGER | \$500.00 | \$500.00 | |
| 3/30/2009 | NADINE BURKE SAN FRANCISCO, CA 94107-2911 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA PACIFIC MEDICAL CENTER PHYSICIAN | \$100.00 | \$100.00 | |
| 4/21/2009 | ANGELINA BURNETT SANTA MONICA, CA 90405-5472 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CBS/PARAMOUNT WRITER | \$350.00 | \$350.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | WALT BUSTER FRESNO, CA 93711-1179 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA STATE UNIVERSITY, FRESNO DIRECTOR | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | EVAN BUTTERFIELD LONG BEACH, CA 90803-3821 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IEEE COMPUTER SOCIETY DIRECTOR OF PRODUCTS & SERVICES | \$100.00 | \$100.00 | |
| 3/19/2009 | LARRY CANAVAN FT LAUDERDALE, FL 33305 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF NURSE | \$500.00 | \$500.00 | |
| 4/20/2009 | JULIE CANTOR SANTA MONICA, CA 90403-3176 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON LLP LAWYER | \$100.00 | \$100.00 | |
| 3/30/2009 | LISA CAPPELLUTI SAN FRANCISCO, CA 94121-2422 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LORBER, GREENFIELD & POLITO ATTORNEY | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/26/2009 | JOHN CARLSON PINE GROVE, CA 95665-4003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALAVERAS COUNTY PART TIME HELP, PUBLIC WORKS | \$110.00 | \$110.00 | |
| 4/16/2009 | LINDA CARPENTER CAMANO ISLAND, WA 98282-6646 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY CHIEF PROGRAM OFFICER | \$250.00 | \$250.00 | |
| 4/21/2009 | CRAIG CARR HAWTHORNE, CA 90250-5056 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DES-DAWN CORPORATION PRESIDENT | \$100.00 | \$100.00 | |
| 3/23/2009 | VICTOR CARRION SAN FRANCISCO, CA 94109-4190 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STANFORD UNIVERSITY PHYSICIAN | \$250.00 | \$250.00 | |
| 4/25/2009 | TERE CARRUBBA APTOS, CA 95003-5604 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF INVESTOR | \$250.00 | \$500.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| through | 05/02/2009 | Page 18 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/25/2009 | TERE CARRUBBA APTOS, CA 95003-5604 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF INVESTOR | \$250.00 | \$500.00 | |
| 4/21/2009 | PHILIPPE CASES HILLSBOROUGH, CA 94010-6720 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$100.00 | \$100.00 | |
| 3/18/2009 | ERIC CASHER BERKELEY, CA 94706-2350 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOWREY LLP ATTORNEY | \$250.00 | \$250.00 | |
| 4/30/2009 | FRANCISCO CASTILLO WEST SACRAMENTO, CA 95691-6218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STATE OF | \$100.00 | \$100.00 | |
| 4/21/2009 | MICHELLE CASTILLO-MOHLMAN HONG KONG, 00000 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STAR (NEWSCORP) TELEVISION PRODUCER | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | JOHN CELONA SAN CARLOS, CA 94070-1933 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MANAGEMENT CONSULTANT | \$100.00 | \$100.00 | |
| 4/30/2009 | LISA CHADWICK SAN FRANCISCO, CA 94108-5104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DOLBY CHADWICK GALLERY BUSINESS OWNER | \$100.00 | \$100.00 | |
| 4/30/2009 | RANJIT CHAKRAVORTI DANVILLE, CA 94506-6048 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TRS CONSULTANTS, INC BUSINESS | \$100.00 | \$100.00 | |
| 4/29/2009 | CATHERINE CHAN SARATOGA, CA 95070-4943 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY ACCOUNTING | \$200.00 | \$200.00 | |
| 4/15/2009 | MELODY CHASEN SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THOMSON REUTERS (HEALTH CARE) INC. BUSINESS EXEC | \$100.00 | \$100.00 | |

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SCHEDULE A (CONT.)

| | | |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | DAVID CHEIFETZ PALM SPRINGS, CA 92264-0439 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ANDERSON TRAVEL TRAVEL CONSULTANT | \$100.00 | \$100.00 | |
| 4/30/2009 | PAMELA CHENG EL CERRITO, CA 94530-2009 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE CENTER FOR HEALTH DESIGN MARKETING & COMMUNICATIONS MANAGER | \$100.00 | \$100.00 | |
| 4/21/2009 | GERALD CHILDERS SAN FRANCISCO, CA 94127-2344 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA PACIFIC MEDICAL CENTER REGISTERED NURSE | \$500.00 | \$500.00 | |
| 4/30/2009 | LAURA CHIU SAN FRANCISCO, CA 94116-1638 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$100.00 | \$100.00 | |
| 3/29/2009 | AIMEE CHRISTENSEN FAIRFAX, CA 94930-1203 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHRISTENSEN GLOBAL STRATEGIES, LLC CONSULTANT | \$100.00 | \$200.00 | |

SUBTOTAL

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 21 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/29/2009 | AIMEE CHRISTENSEN FAIRFAX, CA 94930-1203 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHRISTENSEN GLOBAL STRATEGIES, LLC CONSULTANT | \$100.00 | \$200.00 | |
| 3/31/2009 | THOMAS CHRISTOPHER SAN FRANCISCO, CA 94109-4406 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SKADDEN, ARPS LAWYER | \$100.00 | \$100.00 | |
| 3/26/2009 | YOGESH CHUGH FREMONT, CA 94539-5075 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SONY COMPUTER ENTERTAINMENT MANAGEMENT | \$250.00 | \$250.00 | |
| 4/11/2009 | DENNIS CLARK NORTHRIDGE, CA 91325-3406 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CLEAR CHANNEL BROADCAST | \$1,000.00 | \$1,000.00 | |
| 4/14/2009 | STEPHEN CLARKE PALM SPRINGS, CA 92262-7054 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF RETIRED | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page <u>22</u> of <u>909</u> |

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I.D. Number
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | TRINA CLAYTON SAN FRANCISCO, CA 94122-1003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOWARD ROME MARTIN RIDLEY ATTORNEY | \$100.00 | \$100.00 | |
| 4/21/2009 | NICK CLEMONS SAN FRANCISCO, CA 94109-2255 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NEWSOM FOR CALIFORNIA CAMPAIGN MANAGER | \$100.00 | \$100.00 | |
| 5/2/2009 | SUSAN CLINE LOS ANGELES, CA 90027-2503 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ASTRID INC PLANNER | \$500.00 | \$500.00 | |
| 3/16/2009 | DVORAH COLKER LOS ANGELES, CA 90034-1817 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$250.00 | \$250.00 | |
| 4/22/2009 | EDWARD CONDON ELK GROVE, CA 95624-2129 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOW INCOME INVESTMENT FUND MANAGING DIRECTOR | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|---|--|------------------------------|
| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>23</u> of <u>909</u> |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/12/2009 | MARIE CONTRERAS-DANNER FREMONT, CA 94536-5217 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALAMEDA CO SUPERIOR COURT CA TRIAL COURT CERTIFIED INTERPRETER | \$100.00 | \$100.00 | |
| 4/23/2009 | JACK CORBETT NORTH HOLLYWOOD, CA 91601-4225 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AIA ACTOR'S STUDIO ACCOUNTS MANAGER | \$100.00 | \$100.00 | |
| 3/12/2009 | PATRICK COSSON SAN FRANCISCO, CA 94131-2143 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GLIDETV MARKETING & SALES | \$50.00 | \$125.00 | |
| 4/13/2009 | PATRICK COSSON SAN FRANCISCO, CA 94131-2143 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GLIDETV MARKETING & SALES | \$75.00 | \$125.00 | |
| 4/27/2009 | JENNIFER COUPERUS MOUNTAIN VIEW, CA 94040-1582 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HEWLETT PACKARD SALES | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 24 of 909 |

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ActBlue

I.D. Number
1287846

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/10/2009 | MOLLY COYE SAN FRANCISCO, CA 94110-5508 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HEALTHTECH DOCTOR | \$250.00 | \$250.00 | |
| 4/23/2009 | GARY COZETTE CHICAGO, IL 60657-3609 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHICAGO RELIGIOUS LEADERSHIP NETWORK PROGRAM DIRECTOR | \$250.00 | \$250.00 | |
| 4/6/2009 | JUNE CRAVETT OAKLAND, CA 94611-1702 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE ATTORNEY | \$250.00 | \$250.00 | |
| 3/20/2009 | STEPHEN CROFT OAKLAND, CA 94611-5526 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | UC BERKELEY SCIENTIST | \$100.00 | \$100.00 | |
| 3/23/2009 | ANNETTE CROSBIE FREMONT, CA 94536-3938 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE STUDENT | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 25 of 909 |
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SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/22/2009 | ANTHONY CROSS SANTA CRUZ, CA 95060-1950 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CCG CROSS CONSULTING GROUP TECH  | \$100.00 | \$100.00 | |
| 4/5/2009 | COLLEEN CROWLEY EMERYVILLE, CA 94608-2506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | |
| 3/24/2009 | DAVID CRUISE SAN FRANCISCO, CA 94123-3545 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOLDEN GATE BRIDGE, HWY & TRANSPORTATION DISTRICT PROJECT MANAGER | \$100.00 | \$100.00 | |
| 3/10/2009 | MOSHE DADON ENCINO, CA 91316 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CLEAR TV INC. CFO | \$4,500.00 | \$4,500.00 | |
| 4/28/2009 | THOMAS DAHDOUN SAN FRANCISCO, CA 94131-1611 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEDERAL GOVERNMENT LAWYER | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 26 of 909 |

SEE INSTRUCTIONS ON REVERSE

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|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
|--------------------------|------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/7/2009 | CHRISTOPHER DALEY SAN FRANCISCO, CA 94103-1175 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LITTLER MENDELSON ATTORNEY | \$100.00 | \$100.00 | |
| 4/22/2009 | BRETT DALLINGER NORTH HOLLYWOOD, CA 91606-4306 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/30/2009 | SUNIL DALUVOY SAN FRANCISCO, CA 94109-1511 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF BUSINESS MANAGER | \$500.00 | \$500.00 | |
| 4/25/2009 | JOHN DANNIBALE LOS ANGELES, CA 90019 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INTERNATIONAL CREATIVE MANAGEMENT PROFESSIONAL SCREENWRITER | \$105.00 | \$220.00 | |
| 4/27/2009 | JOHN DANNIBALE LOS ANGELES, CA 90019 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INTERNATIONAL CREATIVE MANAGEMENT PROFESSIONAL SCREENWRITER | \$115.00 | \$220.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/20/2009 | MELANIE DARAIO SAN JOSE, CA 95128-3448 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY PROGRAM MANAGER | \$100.00 | \$100.00 | |
| 4/22/2009 | STEVEN DARIS SAN DIEGO, CA 92103-4359 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DOTCOM HOST SELF-EMPLOYED | \$300.00 | \$300.00 | |
| 4/23/2009 | SCOTT DAVENPORT IRVINE, CA 92602-1040 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANNING & MARDER ATTORNEY | \$500.00 | \$500.00 | |
| 3/12/2009 | CAMILLE DAVIDSON CORONADO, CA 92118-2626 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$70.00 | \$120.00 | |
| 4/21/2009 | CAMILLE DAVIDSON CORONADO, CA 92118-2626 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$50.00 | \$120.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | CHRISTOPHER DAVIDSON PASADENA, CA 91106-4419 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$150.00 | |
| 4/30/2009 | CHRISTOPHER DAVIDSON PASADENA, CA 91106-4419 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$50.00 | \$150.00 | |
| 3/19/2009 | SANDRA DAVIS STOCKTON, CA 95209-2246 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF RN | \$100.00 | \$100.00 | |
| 3/28/2009 | LISA DAWE SOUTH PASADENA, CA 91030-6034 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DAVITA HEALTH CARE SERVICES | \$500.00 | \$500.00 | |
| 3/19/2009 | GARY DAY FT LAUDERDALE, FL 33338-7432 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PRIVATE NURSE | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | JAMES DAY MILL VALLEY, CA 94941-2802 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LATHAM & WATKINS LLP LAWYER | \$500.00 | \$500.00 | |
| 3/17/2009 | JULIUS DE GUIA SAN FRANCISCO, CA 94102-5992 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE ATTORNEY | \$500.00 | \$500.00 | |
| 4/21/2009 | RANDALL DEAN INCLINE VILLAGE, NV 89451 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INTERPOSE SYSTEMS, LLC CEO | \$1,000.00 | \$1,000.00 | |
| 3/12/2009 | DAVID DELL KENTFIELD, CA 94904-1005 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DLA PIPER LLP (US) ATTORNEY | \$100.00 | \$100.00 | |
| 4/1/2009 | TRACI DES JARDINS SAN FRANCISCO, CA 94114-2518 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CHEF/RESTAURATEUR | \$250.00 | \$250.00 | |

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | PETER DESSAN SAN JOSE, CA 95112-2020 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MILLER MORTON ATTORNEY | \$500.00 | \$500.00 | |
| 3/11/2009 | THEODORE DIKMEN SAN DIEGO, CA 92109-7214 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$500.00 | \$550.00 | |
| 4/23/2009 | THEODORE DIKMEN SAN DIEGO, CA 92109-7214 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$50.00 | \$550.00 | |
| 4/6/2009 | JOEL DIRINGER SAN LUIS OBISPO, CA 93406-4822 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DIRINGER & ASSOCIATES CONSULTANT | \$150.00 | \$150.00 | |
| 4/21/2009 | ABIDA DIWAN MIAMI BEACH, FL 33141-9612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NONE | \$100.00 | \$100.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 31 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | THANH DO PACIFICA, CA 94044-2104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY PROGRAM MANAGEMENT | \$100.00 | \$100.00 | |
| 3/25/2009 | ROBERT DOCKENDORFF SAN FRANCISCO, CA 94131-1628 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF-EMPLOYED | \$250.00 | \$750.00 | |
| 4/1/2009 | ROBERT DOCKENDORFF SAN FRANCISCO, CA 94131-1628 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF-EMPLOYED | \$500.00 | \$750.00 | |
| 4/13/2009 | JILL DOLAN NORTH HOLLYWOOD, CA 91602-2719 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MT. SAN ANTONIO COLLEGE DIRECTOR,PUBLIC AFFAIRS | \$100.00 | \$100.00 | |
| 4/27/2009 | SARAH DOLGEN WEST HOLLYWOOD, CA 90069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 32 of 909 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/2/2009 | JAY DONATO BAKERSFIELD, CA 93306-9719 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOCAL 521 SEIU EXTERNAL ORGANIZER | \$30.00 | \$130.00 | |
| 5/1/2009 | JAY DONATO BAKERSFIELD, CA 93306-9719 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOCAL 521 SEIU EXTERNAL ORGANIZER | \$100.00 | \$130.00 | |
| 3/17/2009 | MEGHAN DORAN OAKLAND, CA 94609-1183 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NARAL PRO-CHOICE CALIFORNIA EVENTS MANAGER | \$250.00 | \$250.00 | |
| 4/8/2009 | THOMAS DRISCOLL SAN FRANCISCO, CA 94107-4328 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$250.00 | \$250.00 | |
| 4/28/2009 | KELLI DUNAWAY LOS ANGELES, CA 90026-6218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NOSSAMAN LLP ATTORNEY RECRUITING & DEVELOPMENT | \$100.00 | \$150.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | KELLI DUNAWAY LOS ANGELES, CA 90026-6218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NOSSAMAN LLP ATTORNEY RECRUITING & DEVELOPMENT | \$50.00 | \$150.00 | |
| 4/2/2009 | SUSAN DUNLEVY SAN FRANCISCO, CA 94118-1812 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$2,000.00 | \$2,000.00 | |
| 4/22/2009 | MATTHEW EANET LOS ANGELES, CA 90025-4414 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LA CITY ATTORNEY ATTORNEY | \$100.00 | \$100.00 | |
| 3/16/2009 | WILLAIM EDSON NEW YORK, NY 10019-3310 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STONE TOWER CAPITAL SENIOR MANAGING DIRECTOR | \$100.00 | \$100.00 | |
| 4/30/2009 | BREYB EDWARDS LOS ANGELES, CA 90017-4655 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ENTER TALKING CLIENT RELATIONS / MELLIAN GROUP CELEBRITY TALENT RELATIONS | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 34 of 909 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/23/2009 | JENNIFER EGGERT SAN FRANCISCO, CA 94107-2071 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF AND SAN QUENTIN STATE PRISON PSYCHOLOGIST | \$100.00 | \$100.00 | |
| 4/5/2009 | LOIS EHRENFELD SAN FRANCISCO, CA 94114-1813 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$250.00 | \$250.00 | |
| 4/25/2009 | FERNANDO ELIZONDO SALINAS, CA 93908-9674 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF BUSINESS | \$500.00 | \$500.00 | |
| 4/23/2009 | ADAM ESCOTO MORGAN HILL, CA 95037-4515 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RAVENSWOOD CITY SCHOOL DISTRICT ADMINISTRATOR | \$1,000.00 | \$1,000.00 | |
| 5/1/2009 | MARTIN ESPINOZA WASHINGTON, DC 20009-6347 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GAY & LESBIAN VICTORY FUND EVENT MANAGER | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | MICHAEL ESSRIG SAN DIEGO, CA 92130-5248 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ESSRIG TAYLOR CONSTRUCTION, INC. HEALTHCARE CONSTRUCTION | \$1,000.00 | \$1,000.00 | |
| 3/21/2009 | JANET EVANS ALAMO, CA 94507-1746 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED PRINCIPAL | \$100.00 | \$100.00 | |
| 3/10/2009 | JOHN FALCICCHIO WASHINGTON, DC 20010-7220 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONSULTANT SELF | \$100.00 | \$100.00 | |
| 4/1/2009 | KRISTI FARLEY SANTA ROSA, CA 95404-2747 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED HAIRSTYLIST | \$130.00 | \$130.00 | |
| 4/3/2009 | ELSPETH FARMER PALO ALTO, CA 94301-3119 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF LAWYER | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/28/2009 | DAVID FARRAR LOS ANGELES, CA 90019-0189 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$105.00 | \$105.00 | |
| 3/17/2009 | SIMONA FARRISE SANTA BARBARA, CA 93105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FARRISE FIRM, P.C. ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 4/22/2009 | MOLLY FEZELL SAN JOSE, CA 95125-2364 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY MARKETING | \$500.00 | \$500.00 | |
| 4/30/2009 | JEFFREY FIJOLEK TEMPE, AZ 85281-3190 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NOT EMPLOYED STUDENT | \$100.00 | \$100.00 | |
| 3/29/2009 | KELLY FINLEY SAN FRANCISCO, CA 94110-5318 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COVINGTON & BURLING LLP ATTORNEY | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/12/2009 | STEVEN FISHMAN TARZANA, CA 91356 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FISHMAN, BLOCK + DIAMOND, LLP CPA | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | LINDA FLORES FREMONT, CA 94539-3646 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CSC OPERATIONS MANAGER | \$250.00 | \$250.00 | |
| 4/29/2009 | AARON FLYNN WASHINGTON, DC 20009-3306 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HUNTON & WILLIAMS ATTORNEY | \$200.00 | \$200.00 | |
| 4/21/2009 | CHRISTOPHER FLYNN STUDIO CITY, CA 91604-4492 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FREELANCE TELEVISION PRODUCTION | \$100.00 | \$100.00 | |
| 4/6/2009 | RONALD FLYNN SAN FRANCISCO, CA 94107-2611 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY AND COUNTY OF SAN FRANCISCO, CITY ATTORNEY'S ATTORNEY | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 38 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | JILALA FOLEY OAKLAND, CA 94610-1508 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEINBERG, ROGER & ROSENFELD LEGAL ASSISTANT | \$100.00 | \$100.00 | |
| 4/20/2009 | ARNOLDG. FONG ALAMEDA, CA 94501-4137 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF HEALTH CARE-PHARMACY | \$1,000.00 | \$1,000.00 | |
| 3/24/2009 | CHRISTINA FOUSHEE SAN FRANCISCO, CA 94117-1547 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SFGH RN, MS, PHDC TRANSPORTATION/ENV MITIGATION | \$50.00 | \$100.00 | |
| 4/30/2009 | CHRISTINA FOUSHEE SAN FRANCISCO, CA 94117-1547 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SFGH RN, MS, PHDC TRANSPORTATION/ENV MITIGATION | \$50.00 | \$100.00 | |
| 5/1/2009 | MAURICE FOXWORTH SAINT LOUIS, MO 63130-1902 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF - INNOVATIONWORKS ATTORNEY | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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| from | 03/08/2009 | |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/25/2009 | ROBERT FRANCIS SAN FRANCISCO, CA 94103-3982 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE LITIGATION SUPPORT | \$250.00 | \$250.00 | |
| 4/6/2009 | MARK FRIEDMAN BERKELEY, CA 94702-1105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 ALAMEDA ADMINISTRATOR | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | MATT FRITCH PLAYA DEL REY, CA 90293-7850 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROCK & REPUBLIC SECURITY DIRECTOR | \$105.00 | \$105.00 | |
| 4/8/2009 | CHARLES FURGUSON SAN FRANCISCO, CA 94118-2034 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANATT, PHELPS, PHILLIPS, LLP ATTORNEY | \$250.00 | \$250.00 | |
| 4/29/2009 | ANIRUDDHA GADRE CLYDE HILL, WA 98004-1849 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EVRI, INC. BUSINESSPERSON | \$250.00 | \$250.00 | |

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
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|-----------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/22/2009 | TACY GAEDE SAN FRANCISCO, CA 94131-2234 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PRODUCER | \$100.00 | \$100.00 | |
| 3/18/2009 | RON GALPERIN BEVERLY HILLS, CA 90210-2504 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$250.00 | \$250.00 | |
| 4/7/2009 | NICOLE GARTON MALIBU, CA 90265-4464 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE WELLNESS COMMUNITY-WEST LOS ANGELES DEVELOPMENT ASSISTANT (SPECIAL EVENTS/FUNDRAISING) | \$100.00 | \$100.00 | |
| 4/1/2009 | MITCHELL GAYNOR EMERALD HILLS, CA 94062-4018 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JUNIPER NETWORKS GENERAL COUNSEL | \$150.00 | \$150.00 | |
| 4/13/2009 | DAVID GEHRIG SAN FRANCISCO, CA 94122-2504 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HANSON BRIDGETT ATTORNEY | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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IND - Individual
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 41 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/2/2009 | AILEEN GETTY LOS ANGELES, CA 90046-1342 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF DIRECTOR OF A NON PROFIT | \$10,000.00 | \$10,000.00 | |
| 4/28/2009 | DIANA GILBERT MOUNTAIN VIEW, CA 94043-5276 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROSERYAN CONSULTANT | \$500.00 | \$500.00 | |
| 4/9/2009 | PHILIP GINSBURG SAN FRANCISCO, CA 94122-1806 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY/CONSULTANT | \$250.00 | \$250.00 | |
| 4/21/2009 | TIFFANY GIROUARD EMERALD HILLS, CA 94062-4054 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT-EMPLOYED | \$500.00 | \$500.00 | |
| 3/25/2009 | FRIEDA GLANTZ PIEDMONT, CA 94610-1001 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BARBARY COAST CONSULTING PROJECT MANAGER | \$50.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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SEE INSTRUCTIONS ON REVERSE

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|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/26/2009 | FRIEDA GLANTZ PIEDMONT, CA 94610-1001 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BARBARY COAST CONSULTING PROJECT MANAGER | \$50.00 | \$100.00 | |
| 4/30/2009 | SHABOBE GLOVER WASHINGTON, DC 20010-3407 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NACCAS LEGAL SECRETARY | \$100.00 | \$100.00 | |
| 4/21/2009 | JOHN GOECKE SAN FRANCISCO, CA 94114-2820 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF GRAPHIC DESIGNER | \$100.00 | \$100.00 | |
| 4/29/2009 | RICHARD GOLDMAN TIBURON, CA 94920-1610 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF AUTHOR | \$10,000.00 | \$10,000.00 | |
| 4/15/2009 | ROBERT GOLLING JR. LOOMIS, CA 95650-9719 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PAC BELL RETIRED | \$120.00 | \$120.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from 03/08/2009 through 05/02/2009 | | CALIFORNIA FORM 460 Page 43 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | PATRICK GONZALES SAN FRANCISCO, CA 94110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | U.S. DEPARTMENT OF EDUCATION EDUCATION RESEARCH ANALYST | \$100.00 | \$100.00 | |
| 4/4/2009 | MATTHEW GOUDEAU SAN FRANCISCO, CA 94109-2192 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MAYOR'S OFFICE OF PROTOCOL PROTOCOL DIRECTOR | \$250.00 | \$250.00 | |
| 3/31/2009 | MERA GRANBERG SAN FRANCISCO, CA 94123-4218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF-EMPLOYED | \$250.00 | \$325.00 | |
| 4/15/2009 | MERA GRANBERG SAN FRANCISCO, CA 94123-4218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF-EMPLOYED | \$75.00 | \$325.00 | |
| 4/10/2009 | FRANCES GRANT FORT LAUDERDALE, FL 33304-4452 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CMTS ENGINEERING TECHNICAL | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-------------------------|------------|----------------------------|
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1287846

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | KIMBERLY GRIFFIN PALO ALTO, CA 94306 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | 24 HOUR FITNESS ATTORNEY | \$250.00 | \$250.00 | |
| 3/30/2009 | MELINDA GRIFFITH OAKLAND, CA 94611-2643 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$500.00 | \$500.00 | |
| 3/18/2009 | ELIZABETH GRUMET SAN DIEGO, CA 92122-4470 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THOMAS JEFFERSON SCHOOL OF LAW LAW STUDENT | \$35.00 | \$105.00 | |
| 3/18/2009 | ELIZABETH GRUMET SAN DIEGO, CA 92122-4470 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THOMAS JEFFERSON SCHOOL OF LAW LAW STUDENT | \$70.00 | \$105.00 | |
| 4/12/2009 | WEIHE GUAN WINCHESTER, MA 01890-2209 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HU GEOGRAPHER | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through 05/02/2009 | | Page 45 of 909 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | JOSE GUERRERO SAN FRANCISCO, CA 94121-3726 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOLDEN GATE FOOD CASHIER | \$100.00 | \$100.00 | |
| 4/28/2009 | RICHARD GUGGENHIME SAN FRANCISCO, CA 94108-1975 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SCHIFF HARDIN ATTORNEY | \$5,000.00 | \$5,000.00 | |
| 4/17/2009 | ABEL GUILLEN OAKLAND, CA 94609-2077 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CFW INC. FINANCIAL ADVISOR | \$250.00 | \$250.00 | |
| 3/12/2009 | MARC GUILLORY OAKLAND, CA 94605-5641 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DA ADA | \$50.00 | \$150.00 | |
| 3/31/2009 | MARC GUILLORY OAKLAND, CA 94605-5641 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DA ADA | \$100.00 | \$150.00 | |

SUBTOTAL

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SCHEDULE A (CONT.)

| | | |
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 46 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/29/2009 | PRATHEEPAN GULASEKARAM CERRITOS, CA 90703-2050 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SANTA CLARA UNIVERSITY SCHOOL OF LAW LAW PROFESSOR | \$250.00 | \$250.00 | |
| 3/23/2009 | KUNAL GULLAPALLI SAN FRANCISCO, CA 94123-2750 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORGAN STANLEY ANALYST | \$50.00 | \$100.00 | |
| 3/31/2009 | KUNAL GULLAPALLI SAN FRANCISCO, CA 94123-2750 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORGAN STANLEY ANALYST | \$50.00 | \$100.00 | |
| 3/30/2009 | BRIAN GUSTAFSON SAN FRANCISCO, CA 94107-1797 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FISH & RICHARDSON P.C. LAWYER | \$100.00 | \$100.00 | |
| 3/31/2009 | LAURIE GUSTAFSON BERKELEY, CA 94709-1425 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$500.00 | \$500.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|--|---|
| Statement covers period from 03/08/2009 through 05/02/2009 | | CALIFORNIA FORM 460 Page 47 of 909 I.D. Number 1287846 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | PAUL GUTHRIE SAN FRANCISCO, CA 94114-3322 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$100.00 | \$100.00 | |
| 4/21/2009 | ED GYENGE II CATHEDRAL CITY, CA 92234-7934 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF COMPUTER SOFTWARE DEVELOPER | \$100.00 | \$100.00 | |
| 4/30/2009 | WILLIAM HACKETT SAN DIEGO, CA 92102-2151 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RTSC WRITER | \$100.00 | \$100.00 | |
| 4/9/2009 | COLLEEN HAGGERTY PASADENA, CA 91103-1937 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WRAPADS CREATIVE CO-OWNER | \$200.00 | \$200.00 | |
| 4/30/2009 | EUGENE HAGUE WASHINGTON, DC 20010-7208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NACCAS ACCREDITATION SPECIALIST | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/30/2009 | HOLGER HAHN NEVADA CITY, CA 95959-1940 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$500.00 | \$1,000.00 | |
| 4/30/2009 | HOLGER HAHN NEVADA CITY, CA 95959-1940 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$500.00 | \$1,000.00 | |
| 3/24/2009 | ADRIEL HAMPTON DUBLIN, CA 94568-7592 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO CITY ATTORNEY INVESTIGATOR | \$100.00 | \$100.00 | |
| 5/1/2009 | JOHN HAN WASHINGTON, DC 20015-1653 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPARTMENT OF JUSTICE ATTORNEY | \$100.00 | \$100.00 | |
| 3/17/2009 | FRANCINE HANBERG LOS ANGELES, CA 90049-1628 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PHYSICIAN | \$250.00 | \$250.00 | |

SUBTOTAL

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|-----------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/21/2009 | LANCE HANISH SCOTTSDALE, AZ 85255-5835 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LBC ADVERTISING | \$500.00 | \$500.00 | |
| 3/30/2009 | LILLIAN HARDY OAKLAND, CA 94610-2333 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOGAN & HARTSON LLP ATTORNEY AT LAW | \$100.00 | \$100.00 | |
| 3/30/2009 | JULIE HARKINS SAN FRANCISCO, CA 94105-5024 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST REPUBLIC BANK BANKER | \$500.00 | \$500.00 | |
| 3/26/2009 | DION HARRIS OAKLAND, CA 94601-5552 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SYMANTEC SR. PRODUCT MANAGER | \$250.00 | \$250.00 | |
| 3/9/2009 | EDWARD HARRIS WESTLAKE VILLAGE, CA 91362 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF RETIRED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/23/2009 | MICHAEL HARRIS PASADENA, CA 91105-1602 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TPG, LLC PARTNER | \$100.00 | \$100.00 | |
| 4/6/2009 | CLAUDIA HARRISON OAK VIEW, CA 93022-9626 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 VENTURA COUNTY EXECUTIVE DIRECTOR | \$1,000.00 | \$1,000.00 | |
| 3/25/2009 | WILLIAM HARRISON FREMONT, CA 94536-6749 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HARRISON ACCOUNTING GROUP, INC. CPA | \$100.00 | \$100.00 | |
| 3/31/2009 | CHE HASHIM SAN FRANCISCO, CA 94103-4720 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF, LAW OFFICE OF CHE L. HASHIM ATTORNEY | \$250.00 | \$250.00 | |
| 4/27/2009 | JESSICA HAYES CHULA VISTA, CA 91915-2217 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A HOMEMAKER | \$50.00 | \$100.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 51 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | JESSICA HAYES CHULA VISTA, CA 91915-2217 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A HOMEMAKER | \$50.00 | \$100.00 | |
| 4/21/2009 | C LEE HAZER SAN DIEGO, CA 92117-6214 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF BUSINESSMAN | \$500.00 | \$500.00 | |
| 3/19/2009 | BLAKE HEDLUND MARTINEZ, CA 94553-5351 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SKYFIELD USA CTO | \$200.00 | \$200.00 | |
| 4/25/2009 | DANIEL HENRICKSON LOS ANGELES, CA 90034-8801 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF COMPUTER CONSULTANT | \$120.00 | \$120.00 | |
| 3/17/2009 | BARBARA HENRY SAN FRANCISCO, CA 94108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF REAL ESTATE | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page <u>52</u> of <u>909</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | LORENA HERNANDEZ SAN FRANCISCO, CA 94107-2927 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COMCAST REGIONAL DIRECTOR OF COMMUNICATIONS | \$100.00 | \$200.00 | |
| 4/30/2009 | LORENA HERNANDEZ SAN FRANCISCO, CA 94107-2927 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COMCAST REGIONAL DIRECTOR OF COMMUNICATIONS | \$100.00 | \$200.00 | |
| 4/21/2009 | BARRY HERSTEIN SAN FRANCISCO, CA 94107-1907 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PAYPAL CMO | \$250.00 | \$250.00 | |
| 4/20/2009 | ILENE HERTZ SAN JOSE, CA 95126-2119 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WEST ED - E3 INSTITUTE ADMINISTRATOR | \$100.00 | \$100.00 | |
| 4/28/2009 | ALEX HERTZBERG BEVERLY HILLS, CA 90210-6150 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HERTZBERG MEDIA MEDIA | \$135.00 | \$135.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 53 of 909 |

SEE INSTRUCTIONS ON REVERSE

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | DAN HIGGS MILL VALLEY, CA 94941-1140 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANATT, PHELPS, PHILLIPS, LLP LAWYER | \$500.00 | \$500.00 | |
| 4/28/2009 | JESSICA HILGART WALNUT CREEK, CA 94598-1019 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PACIFIC GAS AND ELECTRIC CO. SENIOR ANALYST | \$100.00 | \$100.00 | |
| 4/22/2009 | RANDY HIRT WEST HOLLYWOOD, CA 90048-6004 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NEIGHBORHOOD YOUTH ASSOCIATION TEACHER | \$100.00 | \$100.00 | |
| 4/7/2009 | ADRIAN HO PALO ALTO, CA 94306-4411 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF (SAGESPRING PARTNERS) PHARMACEUTICAL MARKET RESEARCHER | \$100.00 | \$100.00 | |
| 4/7/2009 | YU CHI HO LEXINGTON, MA 02420-1612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED PROFESSOR | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 54 of 909 |

SEE INSTRUCTIONS ON REVERSE

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| NAME OF FILER ActBlue | I.D. Number 1287846 |
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/8/2009 | SUSAN HOLLANDEU SAN FRANCISCO, CA 94107-2725 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANATT, PHELPS, PHILLIPS, LLP ATTORNEY | \$250.00 | \$250.00 | |
| 4/30/2009 | IRENE HOLOMBO SANTA CRUZ, CA 95060-2504 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ITL EVENTS, INC. CEO, CORPORATE MEETINGS & SPECIAL EVENTS | \$100.00 | \$100.00 | |
| 4/22/2009 | JUSTIN HOLZEDL BURBANK, CA 91505-1661 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CIRCUS DOG PRODUCTIONS PRODUCTION MANAGER | \$100.00 | \$100.00 | |
| 3/29/2009 | MARILYN HOPKINS CARMEL, CA 93921-5937 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$100.00 | \$100.00 | |
| 3/19/2009 | DANIEL HORAN SAN DIEGO, CA 92104-2853 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PACIFIC HANDYMEN HANDYMAN | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 55 of 909 |

SEE INSTRUCTIONS ON REVERSE

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ActBlue

I.D. Number
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/29/2009 | ADA HORWICH BEVERLY HILLS, CA 90210-3410 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED NONE | \$1,000.00 | \$1,000.00 | |
| 4/17/2009 | OLD TOWN FAMILY HOSPITALITY CORPORATION SAN DIEGO, CA 92110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A N/A | \$1,000.00 | \$1,000.00 | |
| 4/9/2009 | MARK HOSTETTER BOSTON, MA 02110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VINIK ASSET MANAGEMENT LAWYER | \$20,000.00 | \$20,000.00 | |
| 4/9/2009 | JUDY HOTCHKISS PINE GROVE, CA 95665-9452 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$110.00 | \$110.00 | |
| 4/23/2009 | JUSTIN HOUTERMAN RLLNG HLS EST, CA 90275-3913 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOS ANGELES CITY ATTORNEY'S OFFICE LAWYER | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 56 of 909 |

SEE INSTRUCTIONS ON REVERSE

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I.D. Number
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | LANE HUDSON WASHINGTON, DC 20005-4226 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BRUNSWICK GROUP DIRECTOR | \$100.00 | \$100.00 | |
| 4/14/2009 | JONATHAN HUGHES OAKLAND, CA 94602-2013 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOWARD RICE LAWYER | \$250.00 | \$250.00 | |
| 4/21/2009 | RODNEY HUMPHREY SAN DIEGO, CA 92116-4845 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ESCALATE RETAIL IT MANAGER | \$100.00 | \$100.00 | |
| 4/30/2009 | RICK HUTCHESON PALM SPRINGS, CA 92262-4290 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VACATION PALM SPRINGS BUSINESSMAN | \$100.00 | \$100.00 | |
| 4/21/2009 | CHRISTOPHER HYATT SAN FRANCISCO, CA 94121 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ACADEMY OF ART INSTRUCTOR | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page <u>57</u> of <u>909</u> |

SEE INSTRUCTIONS ON REVERSE

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| NAME OF FILER ActBlue | I.D. Number 1287846 |
|--------------------------|------------------------|

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | TIMOTHY HYLAND SAN FRANCISCO, CA 94115-4522 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE MARKETING | \$100.00 | \$100.00 | |
| 4/21/2009 | RICHARD INGALLS PLEASANT HILL, CA 94523-2125 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF RETIRED | \$100.00 | \$100.00 | |
| 3/12/2009 | TERRY INMAN FREMONT, CA 94536-4825 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HARBOR LIGHT CHURCH CLERGY | \$100.00 | \$100.00 | |
| 4/30/2009 | ANN INSLEY SAN FRANCISCO, CA 94107-1087 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHARLES SCHWAB DIRECTOR | \$100.00 | \$100.00 | |
| 3/18/2009 | ZER IYER SAN FRANCISCO, CA 94103-6403 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ANGIUS& TERRY LLP ATTORNEY | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 58 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/2/2009 | KEITH JACKSON SAN FRANCISCO, CA 94109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KEITH JACKSON CONSULTING SELF | \$500.00 | \$500.00 | |
| 4/6/2009 | HOWARD JACOBS WEST HOLLYWOOD, CA 90046-5304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 LA GOVERNMENT AFFAIRS MGR. | \$500.00 | \$500.00 | |
| 4/27/2009 | XEMA JACOBSON SPRING VALLEY, CA 91977-1729 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF SAN DIEGO CHEIF OF STAFF | \$350.00 | \$1,000.00 | |
| 4/27/2009 | XEMA JACOBSON SPRING VALLEY, CA 91977-1729 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF SAN DIEGO CHEIF OF STAFF | \$650.00 | \$1,000.00 | |
| 4/22/2009 | MICHELLE JAEGER LOS ANGELES, CA 90034-5349 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SPE DIRECTOR BUSINESS AFFAIRS | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 59 of 909 |

SEE INSTRUCTIONS ON REVERSE

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/30/2009 | RUSSELL; JAFFE STERLING, VA 20165-6129 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RMJHOLDINGS LLC JAFFE@RMJHOLDINGS.COM | \$1,800.00 | \$1,800.00 | |
| 4/21/2009 | FARNAZ JAMALI SAN FRANCISCO, CA 94117-4522 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE PERMANENTE MEDICAL GROUP ANESTHESIOLOGIST MD | \$100.00 | \$100.00 | |
| 4/7/2009 | ALBERT JANZ PASADENA, CA 91105-2033 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HENRY JOHNSTONE & CO. INTERIOR DESIGNER & DECORATION | \$200.00 | \$200.00 | |
| 4/21/2009 | EDDIE JAUREGUI NEW YORK, NY 10019-5711 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LATHAM & WATKINS LLP ATTORNEY | \$100.00 | \$100.00 | |
| 3/26/2009 | ERIC JAYE SAN FRANCISCO, CA 94114-2811 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STOREFRONT POLITICAL MEDIA CONSULTANT | \$35.00 | \$110.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | ERIC JAYE SAN FRANCISCO, CA 94114-2811 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STOREFRONT POLITICAL MEDIA CONSULTANT | \$50.00 | \$110.00 | |
| 4/30/2009 | ERIC JAYE SAN FRANCISCO, CA 94114-2811 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STOREFRONT POLITICAL MEDIA CONSULTANT | \$25.00 | \$110.00 | |
| 4/9/2009 | MING JEANG PASADENA, TX 77504-1924 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CARDIOVASCULAR CENTER, P.A. PHYSICIAN | \$500.00 | \$500.00 | |
| 4/28/2009 | JOYANN JENNINGS STUDIO CITY, CA 91604-1635 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LAUSD TEACHER | \$200.00 | \$200.00 | |
| 4/27/2009 | ARMANDO JIMENEZ NEWHALL, CA 91321-3546 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 LA DIRECTOR, RESEARCH AND EVALUATION | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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IND - Individual
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 61 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/13/2009 | AARON & JENNIFER JOHNSON OAK VIEW, CA 93022-9565 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AJ - SELF/JJ - FIRST 5 VENTURA COUNTY AJ - SELF-EMPLOYED/JJ - DIRECTOR OF OPERATIONS | \$100.00 | \$100.00 | |
| 4/21/2009 | SHERRY JOHNSTONE VISTA, CA 92084-5723 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$100.00 | \$100.00 | |
| 3/16/2009 | DWAYNE JONES ANTIOCH, CA 94531-8570 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY AND COUNTY SAN FRANCISCO DIRECTOR | \$250.00 | \$250.00 | |
| 3/31/2009 | CHRISTINA JUNG SAN FRANCISCO, CA 94122-4223 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SFUSD TEACHER | \$105.00 | \$105.00 | |
| 4/8/2009 | REBECCA KAISER CAMBRIDGE, MA 02138-1801 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PARTNER A HEATH CARE GOVERNMENT RELATIONS | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 62 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/29/2009 | ASH KALRA SAN JOSE, CA 95136-3387 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF SAN JOSE CITY COUNCILMEMBER | \$1,000.00 | \$1,000.00 | |
| 4/8/2009 | ALEXANDER KALSEY LOS ANGELES, CA 90029-3108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EVIL TWIN PRODUCTIONS DIRECTOR | \$100.00 | \$100.00 | |
| 3/23/2009 | THOMASG. KAPTAIN BURBANK, CA 91506-2116 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF DIRECT MAIL CONSULTANT | \$2,000.00 | \$2,000.00 | |
| 4/24/2009 | FRED KARGER LOS ANGELES, CA 90046-1118 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$100.00 | \$100.00 | |
| 4/23/2009 | CHRISTINE KARIM RICHMOND, CA 94804-7451 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 ASSOCIATION OF CALIFORNIA ADMINISTRATOR | \$250.00 | \$250.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | JENNIFER KARNO SANTA CRUZ, CA 95062-4612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PROJECT MANAGER | \$250.00 | \$250.00 | |
| 4/21/2009 | RAY KARNO OAKLAND, CA 94611-2605 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TRINET SALES CONSULTANT | \$100.00 | \$100.00 | |
| 4/8/2009 | BOB KATTER EMERYVILLE, CA 94608-2261 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RELAY HEALTH VICE PRESIDENT - MARKETS | \$250.00 | \$250.00 | |
| 4/26/2009 | LISA KAUFMAN CUPERTINO, CA 95014-8445 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO UNIFIED SCHOOL DISTRICT CHIEF, EARLY CHILDHOOD EDUCATION | \$500.00 | \$500.00 | |
| 4/21/2009 | MO KAZE SAN FRANCISCO, CA 94110-1744 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | APPLE INC. ENGINEER | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from 03/08/2009 through 05/02/2009 | | CALIFORNIA FORM 460 Page 64 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/30/2009 | DORKA KEEHN SAN FRANCISCO, CA 94115-2904 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ARTIST | \$500.00 | \$500.00 | |
| 4/22/2009 | ANTHONY KELLEY LAKE ELSINORE, CA 92530-5674 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AKC SERVICES, INC. BUSINESS OWNER | \$100.00 | \$100.00 | |
| 4/21/2009 | MAUREEN KELLEY SAN FRANCISCO, CA 94123-1640 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PLUMPJACK GROUP EXECUTIVE MANAGER | \$100.00 | \$200.00 | |
| 4/21/2009 | MAUREEN KELLEY SAN FRANCISCO, CA 94123-1640 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PLUMPJACK GROUP EXECUTIVE MANAGER | \$100.00 | \$200.00 | |
| 4/21/2009 | ALEXIS KENT STUDIO CITY, CA 91604-4169 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/27/2009 | ROBERT KESSLER ALBANY, CA 94706-2107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF EDUCATION MANAGEMENT CONSULTANT | \$250.00 | \$250.00 | |
| 3/31/2009 | KHURSHID KHOJA OAKLAND, CA 94606-1236 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | REED SMITH LLP ATTORNEY | \$200.00 | \$200.00 | |
| 4/22/2009 | CHI KIM AGOURA HILLS, CA 91301-2225 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SMMUSD PRINCIPAL | \$500.00 | \$500.00 | |
| 4/21/2009 | LARRY KIRSCHNER LOS ANGELES, CA 90027-2844 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MTV NETWORKS, KIDS VIRTUAL WORLDS SENIOR DIRECTOR MULTIPLAYER GAME DEVELOPMENT | \$100.00 | \$100.00 | |
| 4/25/2009 | KAREN KISHIMOTO LEXINGTON, MA 02420-1838 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITELINE CLINICAL TRIAL DATABSE ANALYST | \$3,900.00 | \$3,900.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/25/2009 | TAKASHI KISHIMOTO LEXINGTON, MA 02420-1838 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,900.00 | \$3,900.00 | |
| 3/23/2009 | ROBERT KLEIN PORTOLA VALLEY, CA 94028-8076 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KLEIN FINANCIAL REAL ESTATE, INVESTMENT BANKING | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | RHODES KLEMENT SAN FRANCISCO, CA 94110-5109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BRANDITECTURE CO-FOUNDER | \$100.00 | \$100.00 | |
| 4/22/2009 | CRAIG KLIGER SAN FRANCISCO, CA 94131-1132 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PHYSICIAN/EXECUTIVE | \$250.00 | \$250.00 | |
| 4/4/2009 | ELLEN KLUTZNICK SAN FRANCISCO, CA 94115-1714 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PSYCHOTHERAPIST | \$250.00 | \$250.00 | |

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | KEVIN KNAPP SAN FRANCISCO, CA 94114-2501 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/20/2009 | CASSANDRA KNIGHT SAN FRANCISCO, CA 94117-4330 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORGAN STANLEY ATTORNEY | \$250.00 | \$250.00 | |
| 4/21/2009 | DAVID KNOLLER TARZANA, CA 91356-3102 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KNOLLWOOD PRODUCTIONS TELEVISION DIRECTOR /PRODUCER | \$100.00 | \$100.00 | |
| 4/25/2009 | YUMI KOBAYASHI HILLSBOROUGH, CA 94010-6706 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JSA INTERNATIONAL MANAGEMENT CONSULTANT | \$500.00 | \$500.00 | |
| 4/6/2009 | MICHAEL KOGUS ALISO VIEJO, CA 92656-8057 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|-----------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/30/2009 | ROBIN KOJIMA ALBANY, CA 94706-2419 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONT EDUCATION OF THE BAR ATTORNEY  | \$100.00 | \$100.00 | |
| 4/6/2009 | SHEILAM. KRUSE SOULSBYVILLE, CA 95372-0069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SHEILA KRUSE | \$300.00 | \$300.00 | |
| 4/29/2009 | KATHERINE KU PACIFIC PALISADES, CA 90272-3827 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON LLP LAWYER | \$100.00 | \$100.00 | |
| 3/9/2009 | KATHY KULKARNI WASHINGTON, DC 20005-2917 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RUBICON ADVISORS LLC PRINCIPAL | \$500.00 | \$500.00 | |
| 4/29/2009 | PARVESH KUMAR CHATSWORTH, CA 91311-1280 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | USC KECK SCHOOL OF MEDICINE PHYSICIAN | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | JEFF KURTTI GLENDALE, CA 91207-1341 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TARRIGO INC WRITER/CONSULTANT | \$100.00 | \$100.00 | |
| 3/20/2009 | ANDREW LACHMAN LOS ANGELES, CA 90048-4230 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE UNEMPLOYED | \$99.00 | \$99.00 | |
| 4/14/2009 | GARYT LAFAYETTE SAN FRANCISCO, CA 94105-1524 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LAFAYETTE & KUMAGAI LLP ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 4/30/2009 | ANDREW LALKA WASHINGTON, DC 20011-5866 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | U.S. DEPARTMENT OF STATE SPECIAL PROJECTS LIAISON | \$100.00 | \$100.00 | |
| 4/21/2009 | MARK LANGLEIE LOS ANGELES, CA 90039-3564 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TALENT TREE MANAGER | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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| from 03/08/2009 | | |
| through 05/02/2009 | | Page 70 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/10/2009 | FRANK LAWRENCE GLENDALE, CA 91207-1045 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TRIMARK PACIFIC HOMES ANALYST | \$100.00 | \$100.00 | |
| 4/29/2009 | JAMES LAWRENCE LOS ANGELES, CA 90026-1811 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON LLP ATTORNEY | \$150.00 | \$150.00 | |
| 3/30/2009 | ANN LAZARUS SAN FRANCISCO, CA 94118-4216 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FORT MASON CENTER EXECUTIVE DIRECTOR | \$250.00 | \$250.00 | |
| 3/30/2009 | ALISSA LEE SAN FRANCISCO, CA 94114-2129 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE INC. LAWYER | \$100.00 | \$100.00 | |
| 3/19/2009 | TOM LEE SAN FRANCISCO, CA 94105-4038 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MD | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 71 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/24/2009 | WARREN LEGARIE SAN FRANCISCO, CA 94117-2915 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WGL MANAGEMENT SPORTS MANAGEMENT | \$500.00 | \$500.00 | |
| 4/29/2009 | SUSAN LEIVA NEW YORK, NY 10107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALI LEROI, LTD WRITER/PRODUCER | \$1,000.00 | \$1,000.00 | |
| 4/10/2009 | SUSAN LEVENBERG PALO ALTO, CA 94303-3606 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$100.00 | \$100.00 | |
| 5/1/2009 | JILL LEVY CASTAIC, CA 91384-3229 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MY KIDS MOM | \$100.00 | \$100.00 | |
| 3/26/2009 | DAVID LIBATIQUE ALHAMBRA, CA 91803-4207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF LA POLICY ANALYST | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 72 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | JONATHAN LIBBY LOS ANGELES, CA 90012-2570 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEDERAL PUBLIC DEFENDER ATTORNEY | \$250.00 | \$250.00 | |
| 5/1/2009 | PAULA LITT ALHAMBRA, CA 91801-1550 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NOT EMPLOYED NOT EMPLOYED | \$250.00 | \$250.00 | |
| 4/10/2009 | MARLENE LLAMAS LOS ANGELES, CA 90031-2028 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SOUTHWEST WATER COMPANY EXECUTIVE ASSISTANT | \$100.00 | \$100.00 | |
| 3/31/2009 | ALICIA LO SAN FRANCISCO, CA 94107-3336 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ZEBRA AWNING COMPANY, INC. CFO | \$100.00 | \$100.00 | |
| 3/30/2009 | LORI LOCHTEFELD SAN MATEO, CA 94403-2015 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LACEWELL INSURANCE AGENCY INSURANCE AGENT | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 73 of 909 |

SEE INSTRUCTIONS ON REVERSE

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|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | EDWARD LOCKE NEW YORK, NY 10128-6688 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$200.00 | \$200.00 | |
| 4/21/2009 | GREG LOMASNEY SANTA MONICA, CA 90405-4459 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF TELEVISION EDITOR | \$100.00 | \$100.00 | |
| 3/22/2009 | ROBERT LONG PASADENA, CA 91105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$500.00 | \$500.00 | |
| 4/21/2009 | MEGAN LONGO MENLO PARK, CA 94025-7172 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MONTREUX EQUITY PARTNERS OFFICE MANAGER VENTURE CAPITAL | \$100.00 | \$100.00 | |
| 3/23/2009 | DAVID LOOMAN SAN FRANCISCO, CA 94110-5812 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$150.00 | \$150.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|---|--|------------------------------|
| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>74</u> of <u>909</u> |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/26/2009 | DEBORAH LOPEZ SAN FRANCISCO, CA 94131-2415 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PARAGON REAL ESTATE GROUP REALTOR, BROKER ASSOCIATE3 | \$250.00 | \$250.00 | |
| 4/5/2009 | CATHERINE LOUGHMAN SAN JOSE, CA 95125-1623 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | O'CONNOR HOSPITAL RN | \$100.00 | \$100.00 | |
| 3/23/2009 | DANIELLE LUNDBAEK SAN RAFAEL, CA 94901-1967 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALLIED ADMINISTRATORS EXECUTIVE ASSISTANT | \$135.00 | \$135.00 | |
| 3/25/2009 | JOSEPH LYNN SAN FRANCISCO, CA 94103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SHANTI HIV CONSUMER RIGHTS ADVOCATE | \$100.00 | \$100.00 | |
| 4/13/2009 | MORGAN LYONS LOS ANGELES, CA 90015-2174 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HARDER+COMPANY SOCIOLOGIST | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
|--------------------------|------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/19/2009 | ANDREY LYUBIMOV BELMONT, CA 94002-3126 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAMTRANS ACCOUNTANT | \$100.00 | \$100.00 | |
| 4/24/2009 | JOE J MADDEN SANTA CRUZ, CA 95062-4612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EOS CLIMATE CEO | \$250.00 | \$250.00 | |
| 3/20/2009 | EM;ILY DELLA MAGGIORA SANTA MONICA, CA 90403-2837 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MANAGEMENT CONSULTING | \$250.00 | \$250.00 | |
| 3/20/2009 | EMILY DELLA MAGGIORA SANTA MONICA, CA 90403-2837 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MANAGEMENT CONSULTING | \$250.00 | \$250.00 | |
| 3/20/2009 | PAVEN MALHOTRA SAN FRANCISCO, CA 94131-1091 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KEKER & VAN NEST ATTORNEY | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 76 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | THOMAS MALLEN SAN MATEO, CA 94402-1528 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TIDEBREAK INC. INTERNATIONAL SALES | \$100.00 | \$100.00 | |
| 3/17/2009 | DOUG MANDELL SAN FRANCISCO, CA 94123-1532 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANDELL LAW GROUP, PC ATTORNEY | \$250.00 | \$250.00 | |
| 3/29/2009 | CHANGXUAN MAO MORRISTOWN, NJ 07960-5549 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AT&T LABS-RESEARCH PRINCIPAL MEMBER OF TECHNICAL STAFF | \$500.00 | \$500.00 | |
| 4/19/2009 | MARIO MARIN OAKLAND, CA 94618-2504 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | W.W. GRAINGER WHOLESALE DISTRIBUTOR | \$100.00 | \$100.00 | |
| 3/23/2009 | LAWRENCE MARTIN APTOS, CA 95003-2721 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PROPERTY MANAGEMENT AND DEVELOPMENT PROPERTY MANAGEMENT | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/19/2009 | JUSTIN MARTINKOVIC SAN FRANCISCO, CA 94109-6332 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MARTINKOVIC MILFORD ARCHITECTS ARCHITECT | \$100.00 | \$100.00 | |
| 4/10/2009 | BOB MASON SAN JOSE, CA 95123-4513 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 CFO | \$500.00 | \$500.00 | |
| 4/9/2009 | IAN MASTERS LOS ANGELES, CA 90049-4222 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PUBLIC RADIO RADIO BROADCASTER | \$200.00 | \$200.00 | |
| 4/26/2009 | ALYCE MASTRIANNI ORANGE, CA 92869-4369 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY PROGRAM DEVELOPMENT / PLANNING | \$250.00 | \$250.00 | |
| 4/27/2009 | FRANK MASTRONUZZI WEST HOLLYWOOD, CA 90069-4713 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MICHAEL SMITH INC. CHIEF FINANCIAL OFFICER | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 78 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/19/2009 | ROBERT MATZ ALAMEDA, CA 94501-6201 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF, THE LAW OFFICE OF ROBERT C. MATZ LLP ATTORNEY AT LAW | \$500.00 | \$500.00 | |
| 4/30/2009 | MICHAEL MAY DAVIS, CA 95616-1723 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SENDERO GROUP BUSINESS OWNER | \$100.00 | \$100.00 | |
| 3/31/2009 | MICHAEL MCCABE MILL VALLEY, CA 94941-2665 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LITTLER MENDELSON ATTORNEY | \$500.00 | \$500.00 | |
| 4/22/2009 | PATRICK MCCARTHY OAKLAND, CA 94611-2346 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LIFTECH CONSULTANTS INC. ENGINEER | \$100.00 | \$100.00 | |
| 4/30/2009 | MACK MCCOY IRVINE, CA 92617-4108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 79 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | MICHAEL MCCUNE OAKLAND, CA 94602-3512 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE CHINA BUSINESS NETWORK ONLINE MEDIA EXECUTIVE | \$100.00 | \$100.00 | |
| 4/10/2009 | JOHN MCDONNELL MILL VALLEY, CA 94941-1939 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MCDONNELL GROUP CORPORATE EXECUTIVE | \$500.00 | \$500.00 | |
| 3/31/2009 | NION MCEVOY SAN FRANCISCO, CA 94118-2565 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHRONICLE BOOKS PUBLISHER | \$1,000.00 | \$1,000.00 | |
| 4/7/2009 | JOANNA MCFARLAND LOS ANGELES, CA 90041-2935 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GREEN DOT CORPORATION DIRECTOR, MAJOR ACCOUNTS | \$200.00 | \$200.00 | |
| 4/30/2009 | DONNA-CHRISTINE MCGUIRE SANTA BARBARA, CA 93105-2347 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF NEUROSCIENTIST | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from 03/08/2009 through 05/02/2009 | | CALIFORNIA FORM 460 Page 80 of 909 |
| I.D. Number 1287846 | | |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | JAMIE MCGURK SAN FRANCISCO, CA 94123-4921 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THINKEQUITY INVESTMENT BANKING | \$200.00 | \$200.00 | |
| 3/16/2009 | JOHN MCHUGH SAN DIEGO, CA 92104-5240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FAMILY HEALTH CENTERS PHYSICIAN | \$100.00 | \$100.00 | |
| 4/28/2009 | MARK MEASURES STUDIO CITY, CA 91604-4241 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ABRAMS ARTISTS AGENCY TALENT AGENT | \$100.00 | \$100.00 | |
| 3/18/2009 | CARL MEDINA SAN DIEGO, CA 92101-6051 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$140.00 | \$140.00 | |
| 4/10/2009 | MARK MEDLEY COVINA, CA 91723-1214 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF-EMPLOYED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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 IND - Individual
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 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | MATTHEW MEINERS SAN FRANCISCO, CA 94108 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ESSAYIST | \$1,000.00 | \$1,000.00 | |
| 3/16/2009 | JAMES MEKO SAN FRANCISCO, CA 94103-3805 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF-EMPLOYED / THE BEST IMPRESSION COMMERCIAL PRINTER | \$125.00 | \$125.00 | |
| 4/21/2009 | LAWRENCE MERCER SAN FRANCISCO, CA 94114-2133 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA DEPARTMENT OF JUSTICE DEPUTY ATTORNEY GENERAL | \$100.00 | \$100.00 | |
| 4/23/2009 | LAINE MERVIS LOS ANGELES, CA 90026-2851 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/30/2009 | KIMBERLEY MILLIGAN NEVADA CITY, CA 95959-2124 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/15/2009 | CATHERINE MINICUCCI CARMICHAEL, CA 95608-6040 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MINICUCCI ASSOCAITES CONSULTANT | \$100.00 | \$100.00 | |
| 4/21/2009 | DONALD MITCHELL OAKLAND, CA 94605-4531 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF EMPLOYED | \$100.00 | \$100.00 | |
| 4/12/2009 | EDWARD MITCHELL WILKES BARRE, PA 18703-2237 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MEDIA STRATEGIST | \$100.00 | \$100.00 | |
| 3/19/2009 | JULIANNA MOATS SAN JOSE, CA 95125-3405 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOCKHEED MARTIN MATERIALS ENGINEER | \$100.00 | \$100.00 | |
| 3/31/2009 | SHAWISHI MONROE OAKLAND, CA 94603-3444 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED (RETIRED) | \$250.00 | \$250.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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SEE INSTRUCTIONS ON REVERSE

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|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/2/2009 | JODY MONTINOLA WASHINGTON, DC 20005-5472 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/14/2009 | DIANA MORABITO SAN JOSE, CA 95124-1530 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RICEWATERHOUSECOOPERS SOFTWARE ENGINEER | \$60.00 | \$120.00 | |
| 4/14/2009 | DIANA MORABITO SAN JOSE, CA 95124-1530 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RICEWATERHOUSECOOPERS SOFTWARE ENGINEER | \$60.00 | \$120.00 | |
| 4/27/2009 | FRANK MORALES WEST HOLLYWOOD, CA 90069-2512 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FRONTIERS MEDIA ADVERTISING DIRECTOR | \$100.00 | \$100.00 | |
| 5/1/2009 | JAMIE MORIKAWA AGOURA HILLS, CA 91301-1628 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RAND CORPORATION DEVELOPMENT OFFICER | \$200.00 | \$200.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 84 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/7/2009 | LARRY MORRISON PASADENA, CA 91105-1617 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE ARROYO GROUP ARCHITECT AND CITY PLANNER | \$200.00 | \$200.00 | |
| 3/31/2009 | TOYE MOSES SAN FRANCISCO, CA 94124-2243 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SECFCommission HUMAN SERVICES DIRECTOR | \$100.00 | \$100.00 | |
| 3/23/2009 | BABAK MOVAHEDI WASHINGTON, DC 20005-3787 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF BMOVAHEDI@AOL.COM | \$100.00 | \$100.00 | |
| 3/31/2009 | MONIQUE MOYER SAN MATEO, CA 94403-4349 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY & COUNTY OF SAN FRANCISCO PORT DIRECTOR  | \$250.00 | \$250.00 | |
| 4/21/2009 | PETER MROZIK SANTA ROSA, CA 95403-0926 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/23/2009 | SUSAN MUENCHOW SAN CARLOS, CA 94070-3426 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AMERICAN INSTITUTES FOR RESEARCH PRINCIPAL RESEARCH SCIENTIST | \$100.00 | \$100.00 | |
| 4/30/2009 | MARC MULLENDORE LAGUNA HILLS, CA 92653-6064 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AIDS SERVICES FOUNDATION ORANGE COUNTY GRANTS MANAGER | \$100.00 | \$100.00 | |
| 4/30/2009 | REUBEN MUNGER BOSTON, MA 02116-6349 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF INVESTOR | \$10,000.00 | \$10,000.00 | |
| 3/26/2009 | BELINDA MUNOZ SAN FRANCISCO, CA 94159-1204 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OFFICE OF SUSIE TOMPKINS BUELL & MARK BUELL POLITICAL & CHARITABLE AFFAIRS DIRECTOR | \$250.00 | \$250.00 | |
| 3/26/2009 | MARISSA NANCE LOS ANGELES, CA 90034-2347 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OMD PRODUCER | \$50.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/26/2009 | MARISSA NANCE LOS ANGELES, CA 90034-2347 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OMD PRODUCER | \$50.00 | \$100.00 | |
| 4/21/2009 | DANIELS NELMS LOS ANGELES, CA 90046-2150 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NELMS INC PRESIDENT/CEO | \$100.00 | \$100.00 | |
| 4/30/2009 | BEN NEUMANN STUDIO CITY, CA 91604 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GLOBAT, LLC. CEO | \$500.00 | \$500.00 | |
| 4/20/2009 | MIKE NEWHOUSE VENICE, CA 90291-5022 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RILEY & ASSOCIATES ATTORNEY | \$100.00 | \$100.00 | |
| 4/21/2009 | JOYCE NEWSTAT SAN FRANCISCO, CA 94118-4242 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROCKET SCIENCE ASSOCIATES CONSULTANT | \$500.00 | \$500.00 | |

SUBTOTAL

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/23/2009 | SARA NICHOLS LOS ANGELES, CA 90049-2207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$100.00 | \$100.00 | |
| 4/14/2009 | CLARE NOLAN SAN FRANCISCO, CA 94110-5206 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HARDER & COMPANY MANAGEMENT CONSULTANT | \$500.00 | \$500.00 | |
| 4/24/2009 | AMOS NORMAN WOODLAND HILLS, CA 91367-5527 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/31/2009 | WILLIAM NORRIS LOS ANGELES, CA 90077-2902 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | AKIN GUMP STRAUSS HAUER & FELD LAWYER | \$100.00 | \$100.00 | |
| 4/30/2009 | MICHAEL OLENICK TARZANA, CA 91356-1026 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHILD CARE RESOURCE CENTER CEO | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/30/2009 | TERESA OLLE SAN FRANCISCO, CA 94117-4364 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WORK FOR PROGRESS ATTORNEY | \$250.00 | \$250.00 | |
| 3/19/2009 | RONALD OLSEN ALAMEDA, CA 94501-2924 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SANTA CLAUS | \$50.00 | \$100.00 | |
| 4/19/2009 | RONALD OLSEN ALAMEDA, CA 94501-2924 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SANTA CLAUS | \$50.00 | \$100.00 | |
| 3/26/2009 | STEPHANIE ONG SAN FRANCISCO, CA 94117-2516 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF EMPLOYED POLITICAL CONSULTANT | \$150.00 | \$150.00 | |
| 3/31/2009 | BAHYA OUMLIL-MURAD SAN FRANCISCO, CA 94131-1812 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | SUSAN PACKER DAVIS SANTA MONICA, CA 90403 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONCORD HIGH SCHOOL DIRECTOR | \$100.00 | \$100.00 | |
| 3/18/2009 | SCOTT PACTOR SAN DIEGO, CA 92101-3910 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$500.00 | \$500.00 | |
| 4/7/2009 | RAJ PADMANABHAN SAN MATEO, CA 94401-1551 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ACUMEN SOLUTIONS MANAGEMENT CONSULTANT | \$100.00 | \$100.00 | |
| 3/31/2009 | JENNIFER PAE OAKLAND, CA 94612-3739 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | POWERPAC PROJECT DIRECTOR | \$160.00 | \$185.00 | |
| 5/1/2009 | JENNIFER PAE OAKLAND, CA 94612-3739 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | POWERPAC PROJECT DIRECTOR | \$25.00 | \$185.00 | |

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/16/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$50.00 | \$700.00 | |
| 3/26/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$250.00 | \$700.00 | |
| 4/8/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$100.00 | \$700.00 | |
| 4/16/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$25.00 | \$700.00 | |
| 4/21/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$250.00 | \$700.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 91 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | JEROME C. PANDELL DANVILLE, CA 94526-2202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PANDELL LAW FIRM, INC. ATTORNEY AT LAW | \$25.00 | \$700.00 | |
| 4/24/2009 | DAVID W. PANSING PHILADELPHIA, PA 19107-6006 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | UNIVERSITY OF PENNSYLVANIA ADMINISTRATOR | \$100.00 | \$100.00 | |
| 3/12/2009 | COLIN PARENT SAN DIEGO, CA 92104-1717 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DLA PIPER LLP (US) ATTORNEY | \$250.00 | \$250.00 | |
| 3/15/2009 | DARRELL PARK SOUTH PASADENA, CA 91030-6034 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BSST BUSINESS DEVELOPMENT | \$25.00 | \$625.00 | |
| 3/23/2009 | DARRELL PARK SOUTH PASADENA, CA 91030-6034 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BSST BUSINESS DEVELOPMENT | \$500.00 | \$625.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 92 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/28/2009 | DARRELL PARK SOUTH PASADENA, CA 91030-6034 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BSST BUSINESS DEVELOPMENT | \$100.00 | \$625.00 | |
| 4/19/2009 | ELISA PASTER SANTA MONICA, CA 90404-1224 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PAUL, HASTINGS, JANOFSKY & WALKER ATTORNEY | \$350.00 | \$350.00 | |
| 3/31/2009 | ARMANDO PASTRAN JR. SAN FRANCISCO, CA 94110-2154 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALAMEDA COUNTY DISTRICT ATTORNEY'S OFFICE DEPUTY DISTRICT ATTORNEY | \$100.00 | \$100.00 | |
| 4/11/2009 | JOHN PEARD CAMPBELL, CA 95008-2836 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOCKHEED MARTIN CO ENGINEER | \$150.00 | \$150.00 | |
| 3/10/2009 | GORDON PEARLMAN LOS ANGELES, CA 90027-1220 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WESTERN STEEL CUTTING INC. STEEL MERCHANT | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 93 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | JOSE PECHO WALNUT CREEK, CA 94598 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF COMMERCIAL REAL ESTATE BROKER | \$250.00 | \$250.00 | |
| 3/20/2009 | HOLLYR PEETE BEVERLY HILLS, CA 90212-2720 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ACTRESS | \$1,000.00 | \$1,000.00 | |
| 4/30/2009 | JONATHAN PEREL SAN FRANCISCO, CA 94133-3432 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VENABLES BELL & PARTNERS SYSTEMS ANALYST | \$100.00 | \$100.00 | |
| 3/25/2009 | ANGELA PERONE SAN FRANCISCO, CA 94117-3131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RUKIN HYLAND DORIA & TINDALL ATTORNEY | \$50.00 | \$100.00 | |
| 3/27/2009 | ANGELA PERONE SAN FRANCISCO, CA 94117-3131 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RUKIN HYLAND DORIA & TINDALL ATTORNEY | \$50.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 94 of 909 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/23/2009 | VINCE PERRIN STOCKTON, CA 95219-4622 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF STOCKTON ARTS DIRECTOR, RETIRED | \$100.00 | \$200.00 | |
| 4/30/2009 | VINCE PERRIN STOCKTON, CA 95219-4622 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF STOCKTON ARTS DIRECTOR, RETIRED | \$100.00 | \$200.00 | |
| 4/22/2009 | RALPH PESCHEK LONG BEACH, CA 90814-2119 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SODEXO CHILD NUTRITION CONSULTANT | \$100.00 | \$100.00 | |
| 4/25/2009 | JAMES PETER SANTA MONICA, CA 90402-1624 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SPECIALTY LABORATORIES CHAIRMAN EMERITUS | \$500.00 | \$500.00 | |
| 4/1/2009 | WILLIAM PETERS FAIRFAX, CA 94930-1568 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF LANDSCAPE ARCHITECT | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|---|--|------------------------------|
| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>95</u> of <u>909</u> |
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SEE INSTRUCTIONS ON REVERSE

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | KATHERINE PETERSON SAN MATEO, CA 94403-3904 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/23/2009 | RICHARD PETERSON SAN FRANCISCO, CA 94127-1521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JMA VENTURES REAL ESTATE | \$500.00 | \$500.00 | |
| 4/21/2009 | KEVIN PHILLIPS ATLANTA, GA 30309-7659 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | YATES INSURANCE AGENCY IT MANAGER | \$100.00 | \$100.00 | |
| 4/21/2009 | ELEANOR PHIPPS PRICE BELVEDERE, CA 94920-2324 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAND HILL WINES OWNER/PROPRIETOR | \$1,000.00 | \$1,000.00 | |
| 3/10/2009 | RAQIYYAH PIPPINS WASHINGTON, DC 20001 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COVINGTON & BURLING LLP ATTORNEY | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/26/2009 | SHERVIN PISHEVAR PALO ALTO, CA 94301-1626 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SGN CEO | \$250.00 | \$250.00 | |
| 3/31/2009 | KATHLEEN POLICY REDWOOD CITY, CA 94061-4224 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GREENBERG TRAURIG, LLP LAWYER | \$250.00 | \$250.00 | |
| 4/8/2009 | ABIGAL POLLAK MIAMI, FL 33156-4319 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 3/20/2009 | TINA POMPEY LOS ANGELES, CA 90019-1709 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FOX ENTERTAINMENT GROUP ATTORNEY | \$500.00 | \$500.00 | |
| 3/10/2009 | CINDY POND SAN DIEGO, CA 92115-3636 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TAYLOR & POND SELF EMPLOYED | \$285.00 | \$285.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/23/2009 | MYRTLEP POTTER SAN JOSE, CA 95125 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$6,500.00 | \$6,500.00 | |
| 5/1/2009 | LEROY POTTS CATHEDRAL CITY, CA 92234-6633 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A RETIRED | \$100.00 | \$100.00 | |
| 4/1/2009 | MARY POWELL SAN FRANCISCO, CA 94109-1127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO OPERA DIRECTOR OF DEVELOPMENT | \$100.00 | \$100.00 | |
| 3/18/2009 | HOLLY PRANGER SAN FRANCISCO, CA 94123-2812 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF: PRANGER LAW GROUP ATTORNEY | \$100.00 | \$100.00 | |
| 4/22/2009 | ANITA PRASAD FREMONT, CA 94539-6331 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |

SUBTOTAL

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SCHEDULE A (CONT.)

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| through | 05/02/2009 | Page 98 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/18/2009 | JOSE PRECIADO CHULA VISTA, CA 91910-6229 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EDUCATOR SDSU | \$250.00 | \$250.00 | |
| 4/8/2009 | STEVEN PRICE GREENSBORO, NC 27408 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STEVEN CARTER PRICE, ARCHITECT ARCHITECT | \$500.00 | \$500.00 | |
| 3/31/2009 | MEGAN QUINN SAN FRANCISCO, CA 94105-3117 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE STRATEGIC PARTNER DEVELOPMENT | \$200.00 | \$200.00 | |
| 3/21/2009 | WILLIAM QUIRK HAYWARD, CA 94542-1631 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF HAYWARD CITY COUNCIL | \$100.00 | \$100.00 | |
| 3/24/2009 | GUISSU RAAFAT SAN FRANCISCO, CA 94107-5465 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LITTLER MENDELSON, P.C. ATTORNEY | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/26/2009 | CHARLES RAHILLY TOLUCA LAKE, CA 91602-1530 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PREMIERE RADIO NETWORKS PRESIDENT | \$500.00 | \$500.00 | |
| 3/29/2009 | NATIVIDAD RAMIREZ SAN FRANCISCO, CA 94103-3724 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SFDA SUPERVISOR SFDA | \$250.00 | \$250.00 | |
| 4/21/2009 | VICKI RANDLE MARINA DEL REY, CA 90295-7114 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NBC UNIVERSAL MUSICIAN | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | MICHAEL RANGLES SAN PEDRO, CA 90733-0671 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HARBOR INSURANCE AGENCY INSURANCE AGENT | \$100.00 | \$100.00 | |
| 3/27/2009 | ALYSSA RAPP WINNETKA, IL 60093-3609 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BOTTLENOTES, INC. CEO | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | ANN RAVEL LOS GATOS, CA 95030-7132 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SANTA CLARA COUNTY COUNTY COUNSEL | \$250.00 | \$250.00 | |
| 3/30/2009 | DONTAE RAYFORD LYNWOOD, CA 90262-3760 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOOGLE ONLINE ADVERTISING ASSOCIATE | \$100.00 | \$100.00 | |
| 3/23/2009 | TIMOTHY REED EMERYVILLE, CA 94608-2424 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORRISON & FOERSTER LLP ATTORNEY | \$100.00 | \$125.00 | |
| 3/23/2009 | TIMOTHY REED EMERYVILLE, CA 94608-2424 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MORRISON & FOERSTER LLP ATTORNEY | \$25.00 | \$125.00 | |
| 4/6/2009 | JOANNA REES SAN FRANCISCO, CA 94118-1411 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VSP CAPITAL VENTURE CAPITAL | \$1,000.00 | \$1,000.00 | |

SUBTOTAL

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 101 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/20/2009 | GEORGE REGAS PASADENA, CA 91105-1229 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF RETIRED | \$200.00 | \$200.00 | |
| 3/12/2009 | JANET REILLY SAN FRANCISCO, CA 94121-1018 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GOLDEN GATE BRIDGE DISTRICT BOARD OF DIRECTORS | \$150.00 | \$150.00 | |
| 4/28/2009 | ELIOT REINER SACRAMENTO, CA 95864-5259 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DREYER, BABICH, BUCCOLA, CALLAHAM & WOOD ATTORNEY | \$150.00 | \$150.00 | |
| 4/21/2009 | DAVID REISS MARINA DEL REY, CA 90292-5545 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BEECHWOOD RESTAURANT SELF | \$100.00 | \$100.00 | |
| 4/21/2009 | DAVID REISS VENICE, CA 90291-3888 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE BRIG SELF | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/18/2009 | RONA RENNER BERKELEY, CA 94704-3228 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INTERACTIVE PARENTING MEDIA EXECUTIVE DIRECTOR | \$100.00 | \$100.00 | |
| 3/27/2009 | WILLIAM RESNICK WEST HOLLYWOOD, CA 90048-1914 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ROLL INTERNATIONAL CONSULTANT | \$5,000.00 | \$5,000.00 | |
| 4/20/2009 | DONALD RHODES SIMI VALLEY, CA 93065-5533 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 LA MANAGER | \$100.00 | \$100.00 | |
| 4/21/2009 | BLAIR RICH LOS ANGELES, CA 90036-2612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WARNER BROS. ENTERTAINMENT MARKETING | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | DAVID RICHARDSON APTOS, CA 95003-4617 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | JOHN RILEY SAN FRANCISCO, CA 94123-2307 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ORNEY/INVESTOR/TRUSTEE | \$100.00 | \$100.00 | |
| 4/30/2009 | BRIEN RIVERA CALABASAS, CA 91302-5895 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/8/2009 | CANDY ROBINSON LOS ANGELES, CA 90066-5844 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DAVITA, INC. GROUP OPERATIONS DIRECTOR | \$100.00 | \$100.00 | |
| 4/22/2009 | MALCOLM ROBINSON SAN BRUNO, CA 94066-2519 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/30/2009 | JOSHUA ROBISON SAN FRANCISCO, CA 94123-4631 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MTT INC MUSIC MANAGER | \$500.00 | \$500.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/30/2009 | ROBERT ROCHE OAK LAWN, IL 60453-5155 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ENTREPRENUER | \$6,500.00 | \$6,500.00 | |
| 3/10/2009 | MAYA ROCKEYMOORE WASHINGTON, DC 20001-1126 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GLOBAL POLICY SOLUTIONS BUSINESS OWNER | \$250.00 | \$250.00 | |
| 4/15/2009 | FRANCINE RODD MARINA, CA 93933-4317 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 MONTEREY COUNTY EXECUTIVE DIRECTOR | \$300.00 | \$300.00 | |
| 4/22/2009 | GREG RODRIGUEZ PALM SPRINGS, CA 92262-4302 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$300.00 | \$300.00 | |
| 3/31/2009 | ED ROGER LOS ALTOS, CA 94022 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF EMPLOYED | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | RICHARD ROGERS STOCKTON, CA 95209-5184 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OAKLEY SCHOOL DISTRICT SUPERINTENDENT | \$250.00 | \$250.00 | |
| 4/21/2009 | KATHRYN ROHLF TRUCKEE, CA 96161-2162 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/28/2009 | BRIAN ROSARIO LOS ANGELES, CA 90045-2456 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOYOLA MARYMOUNT UNIVERSITY ASSISTANT WOMEN'S BASKETBALL COACH | \$100.00 | \$100.00 | |
| 4/30/2009 | TIFFANY ROWE CORTE MADERA, CA 94925-1906 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WASHINGTON HOSPITAL LEGISLATIVE DIRECTOR | \$100.00 | \$100.00 | |
| 5/2/2009 | MICHAEL RUANE IRVINE, CA 92620-1837 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY EXECUTIVE DIRECTOR | \$1,000.00 | \$1,000.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received


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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/30/2009 | KATHRYN RUDMAN LAFAYETTE, CA 94549-0725 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF WOMEN'S RIGHTS ADVOCATE | \$100.00 | \$100.00 | |
| 3/26/2009 | JERRY RUIZ PASADENA, CA 91105-1761 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ADORNO YOSS ALVARADO & SMITH ATTORNEY | \$100.00 | \$100.00 | |
| 3/31/2009 | NAOMI RUSTOMJEE BERKELEY, CA 94708-2124 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COBLENTZ, PATCH, DUFY & BASS LLP PARTNER | \$500.00 | \$500.00 | |
| 3/25/2009 | THOMAS SAFRAN LOS ANGELES, CA 90049-5082 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THOMAS SAFRAN & ASSOCIATES PROPERTY DEVELOPMENT  | \$1,000.00 | \$1,000.00 | |
| 4/30/2009 | LARA SALLEE SAN FRANCISCO, CA 94115-3506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KAISER PERMANENTE | \$100.00 | \$100.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/25/2009 | GILBERT SANDERS SAN DIEGO, CA 92104-1707 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DEPT OF HOMELAND SECURITY US CUSTOMS&BORDER PROTECTION OFFICER | \$350.00 | \$350.00 | |
| 5/1/2009 | DEBORAH SANDY PACIFIC PALISADES, CA 90272-3033 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PSYCHOLOGIST | \$100.00 | \$100.00 | |
| 4/21/2009 | TRAVIS SCHAFFNER CHICAGO, IL 60660-3438 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SYSADMIN/INVESTOR | \$100.00 | \$100.00 | |
| 4/22/2009 | MATT SCHIEFFERLY NAPA, CA 94558-5453 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PAUL HANSON PARTNERS INSURANCE BROKER | \$250.00 | \$250.00 | |
| 4/14/2009 | ILANA SCHIFF ROSS STOCKTON, CA 95219-3402 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN JOAQUIN COUNTY EXECUTIVE DIRECTOR | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | RICHARD SCHLACKMAN SAN FRANCISCO, CA 94114-3305 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MSHC PARTNERS POLITICAL CONSULTANT | \$500.00 | \$500.00 | |
| 4/21/2009 | LES SCHROEDER SAN FRANCISCO, CA 94131-1817 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SRI INTERNATIONAL HUMAN RESOURCES DIRECTOR | \$100.00 | \$100.00 | |
| 3/23/2009 | THOMAS SCHUEN PACIFICA, CA 94044-3915 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WINFIELD INTERNATIONAL LAWYER | \$1,000.00 | \$1,000.00 | |
| 4/22/2009 | JOANNE SEAVEY-HULTQUIST SAN JOSE, CA 95125-1872 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY PROGRAM COORDINATOR | \$100.00 | \$100.00 | |
| 4/8/2009 | LES SECHLER ALTADENA, CA 91001-2133 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF- LES SECHLER DESIGN CONSULTANT | \$200.00 | \$200.00 | |

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| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | ADAM SEEWER PHOENIX, AZ 85003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | INTERNATIONAL SERVICE MANAGER CONTINENTAL AIRLINES INC. | \$500.00 | \$500.00 | |
| 4/21/2009 | JONAH SEIGER WASHINGTON, DC 20009-1507 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CONNECTIONS MEDIA LLC MANAGING PARTNER | \$100.00 | \$100.00 | |
| 3/31/2009 | WILLA SELDON PIEDMONT, CA 94611-3307 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GLIDE FOUNDATION EXECUTIVE | \$250.00 | \$250.00 | |
| 4/6/2009 | SIMRAN SETHI LOS ANGELES, CA 90034-1616 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SONY TV EXECUTIVE | \$100.00 | \$100.00 | |
| 4/15/2009 | CAROL SETTLAGE SUTTER CREEK, CA 95685-9770 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE/SELF RETIRED RN/ CHEMIST | \$110.00 | \$110.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | JUSTIN SHAFFER NEW YORK, NY 10009-5997 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOTPOTATO MEDIA, INC. SHAFFERJ@MAC.COM | \$100.00 | \$100.00 | |
| 4/8/2009 | GARY SHAFNER VENICE, CA 90291-3208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NATIONAL PROMOTIONS & ADVERTISING VICE PRESIDENT | \$500.00 | \$500.00 | |
| 4/6/2009 | MIKE SHEA THOUSAND OAKS, CA 91360-2226 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DAVITA HEALTHCARE EXEC | \$100.00 | \$100.00 | |
| 3/23/2009 | MANI SHEIK SAN FRANCISCO, CA 94122-1907 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COBLENTZ, PATCH, DUFFY & BASS ATTORNEY | \$250.00 | \$250.00 | |
| 4/21/2009 | DAVE SHONG NEW YORK, NY 10036-1147 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP ATTORNEY | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 111 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/23/2009 | JOEL SHOOSTER SAN FRANCISCO, CA 94105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/6/2009 | ANDREA SHORTER SAN FRANCISCO, CA 94114-1509 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF - CONTRACTED WITH EQUALITY CALIFORNIA | \$100.00 | \$100.00 | |
| 4/21/2009 | BARTON SHULMAN SAN FRANCISCO, CA 94105-2411 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VOLANT CONSULTING, INC. IT CONSULTANT | \$100.00 | \$100.00 | |
| 4/17/2009 | CAROLYN SIEVE LOS ANGELES, CA 90045-3059 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SEYFARTH SHAW LLP ATTORNEY | \$100.00 | \$100.00 | |
| 3/11/2009 | SCOTT SIGMAN MALIBU, CA 90265-3102 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STRATEGIC PARTNERS INC EXECUTIVE VICE PRESIDENT | \$1,000.00 | \$1,000.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
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| from | 03/08/2009 | |
| through | 05/02/2009 | Page 112 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/17/2009 | CHARLESD. SILVERBERG MANHATTAN BEACH, CA 90266-4616 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED (RETIRED) | \$250.00 | \$250.00 | |
| 4/10/2009 | DEBRA SILVERMAN WALNUT CREEK, CA 94595-2633 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 CONTRA COSTA ECE PROGRAM OFFICER | \$100.00 | \$100.00 | |
| 4/30/2009 | KAREN SILVERMAN SAN FRANCISCO, CA 94123-3807 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LATHAM & WATKINS LLP ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 4/30/2009 | ANTHONY SIRESS MOUNTAIN VIEW, CA 94041-1110 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | YOUNITE, INC. CEO | \$500.00 | \$500.00 | |
| 4/28/2009 | LATONYA SLACK LOS ANGELES, CA 90008-3531 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE JAMES IRVINE FOUNDATION SR. PROGRAM OFFICER | \$100.00 | \$100.00 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>113</u> of <u>909</u> |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | HILARY SLEDGE SAN FRANCISCO, CA 94107-5529 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BINGHAM MCCUTCHEN LLP LAWYER | \$100.00 | \$100.00 | |
| 4/23/2009 | CURT SMITH LOS ANGELES, CA 90046-1213 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF MUSICIAN | \$100.00 | \$100.00 | |
| 3/31/2009 | ERIC SMITH SAN FRANCISCO, CA 94117-1627 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | GREEN DEPOT DIRECTOR | \$250.00 | \$250.00 | |
| 3/25/2009 | JOHN SMITH FREMONT, CA 94555-1315 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PRUDENTIAL CA REALTY REALTOR | \$500.00 | \$500.00 | |
| 4/27/2009 | DENISE SNIDER RED BLUFF, CA 96080-2452 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUNTY OF TEHAMA EXECUTIVE DIRECTOR | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 05/02/2009 | Page 114 of 909 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/22/2009 | RUSSELL SNYDER DAVIS, CA 95616-2720 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA ASPHALT PAVEMENT ASSOCIATION EXECUTIVE DIRECTOR | \$100.00 | \$100.00 | |
| 5/1/2009 | CATHERINE SOMERTON SAN CARLOS, CA 94070-4632 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF BURLINGAME CHILDREN'S LIBRARIAN | \$100.00 | \$100.00 | |
| 4/14/2009 | NICHOLAS SOPKIN NEW YORK, NY 10028 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DRESDEN KLEINWORK BANKER | \$1,000.00 | \$1,000.00 | |
| 4/24/2009 | LON SORENSEN LOS ANGELES, CA 90049-5109 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JACKOWAY TYERMAN ATTORNEY | \$350.00 | \$350.00 | |
| 4/22/2009 | JOHN SPADAFORE PALM SPRINGS, CA 92264-8530 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/11/2009 | LAURA SPIEGEL SAN DIEGO, CA 92103-5407 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/30/2009 | MARCUS SPIEGEL LOS ANGELES, CA 90027-4637 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER TOLLES & OLSON LLP ATTORNEY | \$150.00 | \$150.00 | |
| 3/31/2009 | DANIEL SPRING MIAMI BEACH, FL 33140-2848 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SOUTH BEACH INSURANCE AGENCY, INC INSURANCE | \$100.00 | \$100.00 | |
| 3/27/2009 | DARRYL STALLWORTH OAKLAND, CA 94619-3156 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TAYLOR, GOINS & STALLWORTH LAWYER | \$250.00 | \$250.00 | |
| 3/24/2009 | ANDREA STEELE SAN FRANCISCO, CA 94115-4384 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EMERGE AMERICA PRESIDENT | \$250.00 | \$400.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/16/2009 | ANDREA STEELE SAN FRANCISCO, CA 94115-4384 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | EMERGE AMERICA PRESIDENT | \$150.00 | \$400.00 | |
| 3/30/2009 | TANIA STEPANIAN SAN FRANCISCO, CA 94115-1605 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SFAMCORP INVESTOR | \$1,000.00 | \$1,000.00 | |
| 4/23/2009 | PHILIP STEUERNAGEL HOUSTON, TX 77064-5174 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KLEIN ISD TEACHER | \$100.00 | \$100.00 | |
| 3/10/2009 | JAMES STEVENS CARLSBAD, CA 92011-5605 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$75.00 | \$125.00 | |
| 4/30/2009 | JAMES STEVENS CARLSBAD, CA 92011-5605 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$50.00 | \$125.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | KEITH STEVENSON KENSINGTON, CA 94708-1104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | UC BERKELEY GRAPHIC DESIGNER | \$50.00 | \$100.00 | |
| 4/18/2009 | KEITH STEVENSON KENSINGTON, CA 94708-1104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | UC BERKELEY GRAPHIC DESIGNER | \$50.00 | \$100.00 | |
| 4/30/2009 | PABLO STEWART, M.D. SAN FRANCISCO, CA 94117-4464 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF PSYCHIATRIST | \$100.00 | \$100.00 | |
| 4/6/2009 | EVANGELINA STOCKWELL ALHAMBRA, CA 91803-3631 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LOS ANGELES USD RETIRED ASSISTANT SUPERINTENDENT | \$1,000.00 | \$1,000.00 | |
| 3/10/2009 | NORAHS. STONE SAN FRANCISCO, CA 94115-1105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/10/2009 | NORMANC. STONE SAN FRANCISCO, CA 94115-1105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BAYVIEW HUNTERS POINT MENTAL HEALTH CLINIC PSYCHOLOGIST | \$1,000.00 | \$1,000.00 | |
| 4/20/2009 | MELISSA STRADA NEW YORK, NY 10033-4479 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BLOOMBERG L.P. MANAGER | \$250.00 | \$250.00 | |
| 3/23/2009 | JEAN STRAUSS BAINBRIDGE ISLAND, WA 98110-1130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALIFORNIA ADOPTION REFORM EFFORT STAFF | \$250.00 | \$250.00 | |
| 3/31/2009 | ANDREW SULLIVAN SAN FRANCISCO, CA 94117-1331 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MCAFEE INC. PRODUCT MANAGER | \$100.00 | \$100.00 | |
| 4/30/2009 | THOMAS SULLIVAN LOS ALTOS, CA 94022 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CREDIT SUISSE BANKER | \$100.00 | \$100.00 | |

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SCHEDULE A (CONT.)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | ALEXANDRA SUSMAN LOS ANGELES, CA 90027 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON ATTORNEY | \$100.00 | \$100.00 | |
| 3/31/2009 | DAVID SUTTON SAN FRANCISCO, CA 94102-4130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MARIN COUNTY PUBLIC DEFENDER'S OFFICE DEPUTY PUBLIC DEFENDER | \$100.00 | \$100.00 | |
| 4/13/2009 | MARK SUZUMOTO WESTLAKE VILLAGE, CA 91361-5519 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VAN ETEN SUZUMOTO & SIPPRELLE LLP ATTORNEY | \$1,000.00 | \$1,000.00 | |
| 4/28/2009 | GINGER SWIGART POLLOCK PINES, CA 95726 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SACRAMENTO COUNTY OFFICE OF EDUCATION PROJECT SPECIALIST | \$100.00 | \$100.00 | |
| 4/16/2009 | ERIK SYVERSON MARINA DEL REY, CA 90292-7816 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF LAWYER | \$100.00 | \$100.00 | |
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SCHEDULE A (CONT.)

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/20/2009 | QUYENL TA SAN FRANCISCO, CA 94111-1704 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KEKER & VAN NEST ATTORNEY | \$250.00 | \$250.00 | |
| 3/31/2009 | ELIZABETH TAHAWI SAN FRANCISCO, CA 94129-1281 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TRUE CAPITAL FINANCE | \$100.00 | \$100.00 | |
| 4/17/2009 | HEATHER TAKAHASHI LOS ANGELES, CA 90036-7505 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON LLP LAWYER | \$300.00 | \$300.00 | |
| 4/1/2009 | MARK TALAMANTES SAN FRANCISCO, CA 94133-5160 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | |
| 4/1/2009 | MARK TALAMANTES TIBURON, CA 94920-1302 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | \$250.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>121</u> of <u>909</u> |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | ANNE TAUPIER SAN FRANCISCO, CA 94110-3432 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CCSF DIRECTOR OF SCHEDULING | \$100.00 | \$100.00 | |
| 3/30/2009 | MOLLY TAYLOR SAN FRANCISCO, CA 94110-2708 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | REED SMITH LLP ATTORNEY | \$50.00 | \$100.00 | |
| 3/31/2009 | MOLLY TAYLOR SAN FRANCISCO, CA 94110-2708 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | REED SMITH LLP ATTORNEY | \$50.00 | \$100.00 | |
| 4/9/2009 | CAROL TERAOKA BURBANK, CA 91504-1663 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PREMIERE RADIO NETWORKS EVP OF SALES | \$500.00 | \$500.00 | |
| 4/27/2009 | SHERRI TERAOKA SUNNYVALE, CA 94088-2126 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRST 5 SANTA CLARA COUNTY PROGRAM DIRECTOR | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 122 of 909 |

SEE INSTRUCTIONS ON REVERSE

| | |
|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
|--------------------------|------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/13/2009 | CHRISTINE THOMAS SACRAMENTO, CA 95842-1527 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEDERAL DEFENDER PARALEGAL | \$30.00 | \$105.00 | |
| 4/20/2009 | CHRISTINE THOMAS SACRAMENTO, CA 95842-1527 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEDERAL DEFENDER PARALEGAL | \$25.00 | \$105.00 | |
| 5/2/2009 | CHRISTINE THOMAS SACRAMENTO, CA 95842-1527 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FEDERAL DEFENDER PARALEGAL | \$50.00 | \$105.00 | |
| 4/10/2009 | KIM THOMAS VALLEJO, CA 94591-7224 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHILDREN'S NETWORK SOCIAL WORKER | \$100.00 | \$200.00 | |
| 4/25/2009 | KIM THOMAS VALLEJO, CA 94591-7224 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHILDREN'S NETWORK SOCIAL WORKER | \$100.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 123 of 909 |

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NAME OF FILER
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/30/2009 | GARY TOMOVICK WALNUT CREEK, CA 94597-7844 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NORTEL PROGRAMMER | \$100.00 | \$100.00 | |
| 3/31/2009 | PRESCOTT TONG SAN FRANCISCO, CA 94115-8714 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | U.S. MARITIME EXPORTER | \$100.00 | \$100.00 | |
| 3/27/2009 | MICHAEL TRONCOSO BURLINGAME, CA 94010-3753 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DISTRICT ATTORNEY ATTORNEY | \$100.00 | \$100.00 | |
| 3/23/2009 | BENJAMIN TULCHIN SAN FRANCISCO, CA 94127-1016 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TULCHIN RESEARCH CONSULTANT | \$100.00 | \$100.00 | |
| 3/19/2009 | JONATHAN TUTTLE FT LAUDERDALE, FL 33301-3269 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BROWARD HEALTH NURSE | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 124 of 909 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | PAUL UNSON SAN MATEO, CA 94401-4234 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ORACLE USA, INC. ATTORNEY | \$100.00 | \$100.00 | |
| 4/21/2009 | JOE VANCE NORTH HOLLYWOOD, CA 91601-3292 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DOMAIN TALENT AGENT | \$100.00 | \$170.00 | |
| 4/23/2009 | JOE VANCE NORTH HOLLYWOOD, CA 91601-3292 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DOMAIN TALENT AGENT | \$70.00 | \$170.00 | |
| 4/22/2009 | MARIO VELASQUEZ LOS ANGELES, CA 90048-4402 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CEO | \$100.00 | \$100.00 | |
| 4/30/2009 | NICHOLAS VELASQUEZ WEST HOLLYWOOD, CA 90069-4431 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF LOS ANGELES POLITICAL COMMUNICATIONS | \$50.00 | \$150.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
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1287846

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 5/1/2009 | NICHOLAS VELASQUEZ WEST HOLLYWOOD, CA 90069-4431 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY OF LOS ANGELES POLITICAL COMMUNICATIONS | \$100.00 | \$150.00 | |
| 4/21/2009 | FERNANDO VILLENA LOS ANGELES, CA 90027-1816 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF FILM EDITOR | \$100.00 | \$100.00 | |
| 3/26/2009 | MARISA VILORIA WEST SACRAMENTO, CA 95691-4999 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SKYLEARN REPORTS COORDINATOR | \$200.00 | \$200.00 | |
| 3/23/2009 | ERIN WADE OAKLAND, CA 94618-1429 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LITTLER MENDELSON LAWYER | \$100.00 | \$100.00 | |
| 4/21/2009 | SCOTT VALENT LOS ANGELES, CA 90004-1464 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SYNDERO INC BRAND MANAGER | \$300.00 | \$300.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 126 of 909 |
| NAME OF FILER ActBlue | | I.D. Number 1287846 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | EDANA WALKER LOS ANGELES, CA 90004-2345 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$350.00 | \$350.00 | |
| 4/17/2009 | WEI-MIN WANG SAN FRANCISCO, CA 94115-4615 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CITY AND COUNTY OF SAN FRANCISCO PROGRAM COORDINATOR | \$100.00 | \$100.00 | |
| 4/6/2009 | BARRY WARD STUDIO CITY, CA 91604-1634 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LAMPS PLUS RETAIL | \$100.00 | \$100.00 | |
| 3/25/2009 | MAL WARWICK BERKELEY, CA 94705-2353 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MAL WARWICK ASSOCIATES FUNDRAISING CONSULTANT | \$1,000.00 | \$1,000.00 | |
| 3/17/2009 | HALBERT WASHBURN PACIFIC PALISADES, CA 90272 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BREITBURN ENERGY SENIOR MANAGEMENT | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period | | CALIFORNIA FORM 460 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/31/2009 | WILLIAM WASHINGTON OAKLAND, CA 94606-2084 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PARADIGM MANAGEMENT SERVICES MANAGER OF CONTRACTS | \$250.00 | \$250.00 | |
| 4/22/2009 | JASON WATTERS LOS ANGELES, CA 90093-1750 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SHED MEDIA, US TELEVISION PRODUCTION | \$100.00 | \$100.00 | |
| 3/25/2009 | JAMES WATTERSON PASADENA, CA 91106-3924 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF SELF EMPLOYED | \$500.00 | \$500.00 | |
| 3/26/2009 | PAULINE WEAVER FREMONT, CA 94536-4404 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ALAMEDA COUNTY PUBLIC DEFENDER ATTORNEY | \$100.00 | \$100.00 | |
| 3/19/2009 | DAVID WEBB FT LAUDERDALE, FL 33304-4338 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED RETIRED | \$1,000.00 | \$1,000.00 | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>03/08/2009</u> | | CALIFORNIA FORM 460 |
| through <u>05/02/2009</u> | | |
| | | Page <u>128</u> of <u>909</u> |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/24/2009 | NADINE WEIL SAN FRANCISCO, CA 94109-2969 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ECO-MARKETING | \$250.00 | \$250.00 | |
| 3/16/2009 | HOWARD WELINSKY TOLUCA LAKE, CA 91602-2812 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | WARNER BOTHERS SENIOR V.P. | \$1,900.00 | \$1,900.00 | |
| 3/27/2009 | LESLIE WENZELL SAN FRANCISCO, CA 94107-4022 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CORNELL COMPANIES SOCIAL WORKER | \$250.00 | \$250.00 | |
| 3/31/2009 | PAUL WERMER SAN FRANCISCO, CA 94115-2704 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF CONSULTANT | \$125.00 | \$125.00 | |
| 4/6/2009 | PATRICIA WHEATLEY SANTA BARBARA, CA 93109-1929 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUNTY OF SANTA BARBARA ADMINISTRATOR | \$1,000.00 | \$1,000.00 | |
| SUBTOTAL | | | | | | |

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SCHEDULE A (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 129 of 909 |
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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/24/2009 | WILLIAM WHEATON ALTADENA, CA 91001-1409 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CALTECH SCIENTIST | \$100.00 | \$100.00 | |
| 4/21/2009 | RALPH WHEELER PALO ALTO, CA 94306-4521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NONE | \$100.00 | \$100.00 | |
| 3/28/2009 | JAMES WHITE LOS ANGELES, CA 90026-2218 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | @BUSINESS, INC. I.T. CONSULTANT | \$250.00 | \$250.00 | |
| 4/5/2009 | LYLA WHITE PASADENA, CA 91106-3771 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE RETIRED | \$200.00 | \$200.00 | |
| 3/31/2009 | MIA WHITE SAN JOSE, CA 95112-5336 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | US HOUSE OF REPRESENTATIVES CONGRESSIONAL AIDE | \$170.00 | \$170.00 | |

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SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 130 of 909 |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/22/2009 | DEREK WHITEFIELD ALTADENA, CA 91001-2143 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DYKEMA GOSSETT ATTORNEY | \$200.00 | \$200.00 | |
| 4/21/2009 | GEORGE WHITING SAN FRANCISCO, CA 94114-1619 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KAPLAN INC. SOFTWARE PRODUCT DESIGNER | \$100.00 | \$100.00 | |
| 3/31/2009 | LOUIS WILLACY OAKLAND, CA 94602-1942 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TAGGED INC. ATTORNEY | \$500.00 | \$500.00 | |
| 4/21/2009 | ROBERT WILLIAMS SAN FRANCISCO, CA 94114-2118 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KEAS INC. ENGINEER | \$100.00 | \$100.00 | |
| 5/1/2009 | BARBARA WILSON ORINDA, CA 94563-3412 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PITTSBURG UNIFIED SCHOOL DISTRICT EDUCATOR | \$1,000.00 | \$1,000.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 131 of 909 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/21/2009 | DAVID WILSON RANCHO MIRAGE, CA 92270-2752 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED PHYSICAL THERAPIST ASST. | \$100.00 | \$100.00 | |
| 4/21/2009 | MICHAEL AND PETER WILSON VALLEJO, CA 94590-3467 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ARC INC. VICE PRESIDENT | \$100.00 | \$100.00 | |
| 4/23/2009 | JOANNE WINETZKI REDWOOD CITY, CA 94061-3645 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 3/26/2009 | BENJAMIN WINIG SAN FRANCISCO, CA 94107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MCDONOUGH HOLLAND & ALLEN PC ATTORNEY | \$100.00 | \$100.00 | |
| 4/21/2009 | LEON WINSTON SAN FRANCISCO, CA 94114-2615 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SWORDS TO PLOWSHARES CHIEF OPERATING OFFICER | \$100.00 | \$100.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 132 of 909 |
| | | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/3/2009 | BRADEN WOODS SAN FRANCISCO, CA 94127-2710 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN FRANCISCO DISTRICT ATTY ATTORNEY | \$250.00 | \$250.00 | |
| 4/22/2009 | EFRAIM WYETH BEN LOMOND, CA 95005-9253 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SOLO PRODUCTIONS, LLC FILMMAKER | \$100.00 | \$100.00 | |
| 4/23/2009 | KENNY WYLAND LOS ANGELES, CA 90064-3101 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE NOT EMPLOYED | \$100.00 | \$100.00 | |
| 4/6/2009 | DAVID YANG LOS ANGELES, CA 90005-3702 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MUNGER, TOLLES & OLSON LLP ATTORNEY | \$250.00 | \$250.00 | |
| 4/22/2009 | JULIAN YAP NEW YORK, NY 10012-4042 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | DUKE UNIVERSITY SCHOOL OF LAW LAWYER | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 133 of 909 |

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NAME OF FILER
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I.D. Number
1287846

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/18/2009 | GREGORY YODER SAN JOSE, CA 95125-3358 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | LEAVEIT PACIFIC INSURANCE BROKERS, INC. INSURANCE AGENT | \$1,000.00 | \$1,000.00 | |
| 4/21/2009 | EDWARD YORK SAN FRANCISCO, CA 94103-1005 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | THE JOHN STEWART COMPANY PROPERTY MANAGEMENT SUPERVISOR | \$100.00 | \$100.00 | |
| 3/26/2009 | A, TONI YOUNG WASHINGTON, DC 20002-4521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COMMUNITY EDUCATION GROUP EXECUTIVE DIRECTOR | \$250.00 | \$500.00 | |
| 4/26/2009 | A, TONI YOUNG WASHINGTON, DC 20002-4521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COMMUNITY EDUCATION GROUP EXECUTIVE DIRECTOR | \$250.00 | \$500.00 | |
| 4/28/2009 | LENNY YOUNG LOS ANGELES, CA 90026-1925 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEMPEST ENTERTAINMENT FILM PRODUCER | \$350.00 | \$350.00 | |

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 134 of 909 |

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| | |
|--------------------------|------------------------|
| NAME OF FILER ActBlue | I.D. Number 1287846 |
|--------------------------|------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 4/2/2009 | PETER ZACKERY PACIFIC PALISADES, CA 90272-2625 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NATIONAL PROMOTIONS & ADVERTISING PRESIDENT | \$500.00 | \$500.00 | |
| 3/13/2009 | ROSALIE ZALIS SHERMAN OAKS, CA 91401-5829 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | PACIFIC CAPITAL GROUP EXECUTIVE | \$100.00 | \$100.00 | |
| 4/14/2009 | STEPHEN ZECH SANTA MONICA, CA 90402-2666 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BAIN & CO. MANAGEMENT CONSULTANT | \$250.00 | \$250.00 | |
| 3/30/2009 | MARC ZILVERSMIT SAN FRANCISCO, CA 94102-4313 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF ATTORNEY | \$250.00 | \$250.00 | |
| 3/25/2009 | FRAN ZONE SAN FRANCISCO, CA 94111-2670 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | |

SUBTOTAL \$253,553.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 03/08/2009
through 05/02/2009

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 03/08/2009 through 05/02/2009 | CALIFORNIA FORM 460 |
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| I.D. Number 1287846 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ActBlue

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>03/08/2009</u> through <u>05/02/2009</u> | CALIFORNIA FORM 460 |
| Page <u>137</u> of <u>909</u> | I.D. Number 1287846 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | | SUBTOTAL | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

CALIFORNIA
FORM **460**

Statement covers period

from 03/08/2009

through 05/02/2009

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$246,317.43
- Unitemized contributions and independent expenditures made this period of under \$100 \$317.20
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$246,634.63

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$8.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$2.50 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$12.50 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | EQUALITY FOR ALL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$8.00 | \$261.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,200.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 150 of 909

NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$14,210.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$443.43 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/8/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

**CALIFORNIA
FORM 460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | FIONA MA 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$6,093.43 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | MARK LENO FOR SENATE 2008 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$2,100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | MARK LENO FOR SENATE 2008 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,800.00 | \$2,100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | MARK LENO FOR SENATE 2008 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$2,100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | MARK LENO FOR SENATE 2008 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$2,100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | LONI HANCOCK FOR STATE SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$1,000.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$285.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$140.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$65.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$65.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$135.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$65.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

| | | |
|--------------------------|------------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 226 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

| | | |
|--------------------------|------------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 230 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$65.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 237 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$30.00 | \$112,465.00 | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$35.00 | \$112,465.00 | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$100.00 | \$112,465.00 | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$35.00 | \$112,465.00 | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$170.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$130.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|---|--|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

**CALIFORNIA
FORM 460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$100.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$100.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$10.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$100.00 | \$112,465.00 | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$50.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$50.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$50.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$25.00 | \$112,465.00 | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 299 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
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| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
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| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$9.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

| | | |
|--------------------------|------------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 315 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 319 of 909

NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 322 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$18.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$3.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
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| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
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| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
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| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

**CALIFORNIA
FORM 460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$50.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$25.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$18.00 | \$112,465.00 | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | \$10.00 | \$112,465.00 | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$105.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$112,465.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$365.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|---|--|------------------------------|-----------------------|--|--|
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 410 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$6,500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 433 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$6,500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 447 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 453 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 460 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

Page 461 of 909

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$160.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$2,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

| | | |
|-------------------------|------------|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through | 05/02/2009 | Page 480 of 909 |

NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KAMALA HARRIS FOR ATTORNEY GENERAL 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$62,490.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$23.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

**CALIFORNIA
FORM 460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$18.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | 70TH AD DEMOCRATIC ACTION COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$36.00 | \$337.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,900.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$99.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$2,000.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/23/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/23/2009 | FRIEDMAN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$5,649.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | BETSY BUTLER FOR ASSEMBLY IN 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$100.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | SAUNDRA DAVIS FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$250.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/12/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | FRIENDS OF TED LIEU 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$4,700.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/15/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | ALBERTO TORRICO FOR ATTORNEY GENERAL | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$3,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | 6TH AD DEMOCRATIC ORGANIZATION | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$5.00 | \$155.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | CARMEN AVALOS FOR ASSEMBLY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$275.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | CARMEN AVALOS FOR ASSEMBLY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$275.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | CARMEN AVALOS FOR ASSEMBLY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$275.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | CARMEN AVALOS FOR ASSEMBLY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$275.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | ADRIEL HAMPTON DOTCOM | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$490.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/19/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$99.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$350.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | KARNO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$200.00 | \$2,639.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | IRA RUSKIN FOR SENATE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$150.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | BAY AREA COALITION AGAINST PROPOSITION 1D | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$2,200.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | ANDERSON FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$600.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | ANDERSON FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$600.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | ANDERSON FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$600.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | ANDERSON FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$600.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | ANDERSON FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$600.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|--|------------------------------|-----------------------|--|--|
| 4/26/2009 | LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$2,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$2,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$2,500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | YORIKO KISHIMOTO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$3,900.00 | \$8,300.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | YORIKO KISHIMOTO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$3,900.00 | \$8,300.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | YORIKO KISHIMOTO FOR ASSEMBLY 2010 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$8,300.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$225.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$250.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | EAST BAY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,215.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | LOS ANGELES COUNTY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$40.00 | \$140.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | LOS ANGELES COUNTY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$140.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | LOS ANGELES COUNTY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$140.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | LOS ANGELES COUNTY YOUNG DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$140.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$35.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | SFWPC | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$350.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | YOU EMPOWER OUR COMMUNITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,500.00 | \$4,500.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/31/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | YES ON EQUALITY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$190.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,900.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$850.00 | \$1,900.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$1,900.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,000.00 | \$1,900.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$110.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$55.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$110.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$55.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$55.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | AMADOR COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$110.00 | \$495.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$545.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$545.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$500.00 | \$545.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$15.00 | \$545.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$120.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/5/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/5/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$60.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$90.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$120.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$30.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | PLACER DEMOCRATS | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$3,085.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/8/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$125.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

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FORM 460

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/22/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$125.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$125.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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through 05/02/2009

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NAME OF FILER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$150.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$75.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | SAN FRANCISCO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$300.00 | \$2,025.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | SAN LUIS OBISPO COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/22/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$50.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
ActBlue

I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$70.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$25.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | VENTURA COUNTY DEMOCRATIC PARTY | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$620.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 3/15/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/31/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
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I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/12/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/12/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$20.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM **460**

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NAME OF FILER
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I.D. NUMBER
1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | SIMI VALLEY/MOORPARK DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$10.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | 47TH ASSEMBLY DISTRICT DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$120.00 | \$120.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$27.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/19/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$54.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | | |

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/08/2009

through 05/02/2009

CALIFORNIA
FORM 460

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NAME OF FILER
 ActBlue

I.D. NUMBER
 1287846

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 4/26/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$54.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$54.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$27.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/26/2009 | LAKE TAHOE DEMOCRATIC CLUB | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$27.00 | \$243.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$246,317.43

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period from 03/08/2009 through 05/02/2009 | CALIFORNIA FORM 460 |
| Page 564 of 909 | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EM;ILY DELLA MAGGIORA SANTA MONICA, CA 90403-2837 | RFD | | | \$250.00 |
| ADA HORWICH BEVERLY HILLS, CA 90210-3410 | RFD | | | \$1,000.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$247,567.43 |
| 2. Unitemized payments made this period of under \$100. | \$378.20 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$247,945.63 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 565 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$5.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$20.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$8.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$2.50 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$12.50 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 566 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$100.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$5.00 |
| EQUALITY FOR ALL WEST HOLLYWOOD, CA 90069 | CTB | | | \$8.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$150.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 567 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$15.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 568 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$300.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 569 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 570 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 571 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$10.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 572 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$300.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 573 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$1,200.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$150.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$20.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 574 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$20.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 575 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 576 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 577 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$20.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 578 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 579 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| PROTECT CHILDREN AND FAMILIES: VOTE NO ON PROP 1D YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$443.43 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 580 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$50.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$100.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$1,000.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 581 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$1,000.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$1,000.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 582 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| FIONA MA 2010 SACRAMENTO, CA 95864-0775 | CTB | | | \$250.00 |
| MARK LENO FOR SENATE 2008 WEST HOLLYWOOD, CA 90069 | CTB | | | \$25.00 |
| MARK LENO FOR SENATE 2008 WEST HOLLYWOOD, CA 90069 | CTB | | | \$1,800.00 |
| MARK LENO FOR SENATE 2008 WEST HOLLYWOOD, CA 90069 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 583 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| MARK LENO FOR SENATE 2008 WEST HOLLYWOOD, CA 90069 | CTB | | | \$25.00 |
| LONI HANCOCK FOR STATE SENATE BERKELEY, CA 94705 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 584 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 585 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 586 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 587 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 588 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 589 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 590 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 591 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$350.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 592 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 593 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 594 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 595 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$150.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 596 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 597 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 598 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 599 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 600 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 601 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 602 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$285.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$75.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 603 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 604 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 605 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 606 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 607 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$60.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 608 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 609 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 610 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 611 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 612 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 613 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 614 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 615 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 616 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 617 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 618 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 619 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$140.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 620 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 621 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$65.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 622 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 623 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 624 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 625 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$65.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 626 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$60.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 627 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$135.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 628 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 629 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$65.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 630 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 631 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$60.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 632 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 633 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 634 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 635 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 636 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 637 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 638 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 639 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$65.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$60.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 640 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 641 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 642 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 643 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 644 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 645 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 646 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 647 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 648 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 649 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$170.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 650 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 651 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 652 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 653 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 654 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 655 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$130.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 656 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 657 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 658 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 659 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 660 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 661 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 662 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 663 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 664 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 665 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 666 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 667 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 668 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 669 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 670 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 671 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 672 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$350.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 673 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 674 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 675 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 676 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 677 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 678 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$40.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 679 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 680 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 681 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 682 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$350.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 683 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 684 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 685 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 686 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 687 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 688 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 689 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 690 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 691 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 692 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$200.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 693 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 694 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 695 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 696 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 697 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 698 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 699 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 700 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 701 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 702 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$9.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 703 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 704 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 705 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 706 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 707 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$300.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 708 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 709 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 710 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from 03/08/2009 through 05/02/2009 | CALIFORNIA FORM 460 |
| Page 711 of 909 | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 712 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 713 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 714 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 715 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 716 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 717 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 718 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 719 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$18.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 720 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 721 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 722 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 723 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$30.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$3.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 724 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 725 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 726 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 727 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 728 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 729 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 730 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 731 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 732 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 733 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 734 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 735 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 736 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 737 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 738 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 739 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 740 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 741 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 742 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 743 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 744 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$18.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 745 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 746 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 747 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 748 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 749 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 750 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$1.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 751 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$300.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 752 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 753 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 754 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 755 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 756 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$300.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 757 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 758 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 759 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 760 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 761 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 762 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$5.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 763 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 764 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 765 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 766 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 767 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 768 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 769 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 770 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 771 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 772 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$350.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 773 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 774 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 775 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$40.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 776 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$350.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$105.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 777 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 778 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$25.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 779 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$20.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$50.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 780 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 781 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| GAVIN NEWSOM FOR CA EXPLORATORY COMMITTEE NOVATO, CA 94949-5731 | CTB | | | \$70.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$365.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 782 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 783 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 784 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 785 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 786 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 787 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 788 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 789 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 790 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 791 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 792 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 793 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$6,500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 794 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 795 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 796 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 797 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 798 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 799 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 800 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$75.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 801 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 802 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 803 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 804 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 805 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 806 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$10.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 807 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 808 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$6,500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 809 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 810 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 811 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 812 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 813 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 814 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 815 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 816 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$25.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 817 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 818 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 819 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$200.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 820 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | \$25.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 821 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 822 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 823 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 824 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$160.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 825 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 826 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 827 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 828 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 829 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 830 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 831 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 832 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$20.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 833 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 834 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$10.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 835 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

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| | | | | | |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 836 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

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| | | | | | |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$2,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$500.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 837 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 838 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 839 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$100.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$1,000.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 840 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$250.00 |
| KAMALA HARRIS FOR ATTORNEY GENERAL 2010 YREKA, CA 96097-2223 | CTB | | | \$50.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 841 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$23.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$40.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$40.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 842 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$40.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$20.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$18.00 |
| 70TH AD DEMOCRATIC ACTION COMMITTEE IRVINE, CA 92617-4057 | CTB | | | \$36.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 843 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$100.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$100.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$1,900.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$250.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 844 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$250.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$50.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$250.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$99.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$2,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 845 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$100.00 |
| FRIEDMAN FOR SENATE LOS ANGELES, CA 90071-2665 | CTB | | | \$50.00 |
| BETSY BUTLER FOR ASSEMBLY IN 2010 LOS ANGELES, CA 90017-5864 | CTB | | | \$100.00 |
| SAUNDRA DAVIS FOR SENATE LOS ANGELES, CA 90016-5389 | CTB | | | \$250.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 846 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$50.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$500.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$500.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$250.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 847 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$100.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$50.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$50.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$500.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$200.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 848 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$1,000.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$100.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$1,000.00 |
| FRIENDS OF TED LIEU 2010 BURBANK, CA 91502-2551 | CTB | | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 849 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 850 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 851 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$500.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$50.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$200.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 852 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$100.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$250.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$150.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$500.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 853 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$250.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$250.00 |
| ALBERTO TORRICO FOR ATTORNEY GENERAL SACRAMENTO, CA 95811-4161 | CTB | | | \$100.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 854 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 855 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$20.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$10.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 856 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 857 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 858 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| 6TH AD DEMOCRATIC ORGANIZATION MILL VALLEY, CA 94942-1604 | CTB | | | \$5.00 |
| CARMEN AVALOS FOR ASSEMBLY DOWNEY, CA 90242-0131 | CTB | | | \$25.00 |
| CARMEN AVALOS FOR ASSEMBLY DOWNEY, CA 90242-0131 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 859 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| CARMEN AVALOS FOR ASSEMBLY DOWNEY, CA 90242-0131 | CTB | | | \$100.00 |
| CARMEN AVALOS FOR ASSEMBLY DOWNEY, CA 90242-0131 | CTB | | | \$100.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$100.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$100.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 860 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$30.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$15.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$10.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$50.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 861 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$50.00 |
| ADRIEL HAMPTON DOTCOM WALNUT CREEK, CA 94596-0851 | CTB | | | \$10.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$99.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 862 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$350.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$25.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$15.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 863 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$25.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$50.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 864 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$25.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 865 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$50.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$100.00 |
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 866 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| KARNO FOR ASSEMBLY 2010 LOS ANGELES, CA 90025-0904 | CTB | | | \$200.00 |
| IRA RUSKIN FOR SENATE SAN FRANCISCO, CA 94133-5108 | CTB | | | \$150.00 |
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$250.00 |
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$1,000.00 |
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 867 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$100.00 |
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$500.00 |
| BAY AREA COALITION AGAINST PROPOSITION 1D NOVATO, CA 94949-5731 | CTB | | | \$300.00 |
| ANDERSON FOR ASSEMBLY 2010 LOS ANGELES, CA 90048-5018 | CTB | | | \$300.00 |
| ANDERSON FOR ASSEMBLY 2010 LOS ANGELES, CA 90048-5018 | CTB | | | \$100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 868 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| ANDERSON FOR ASSEMBLY 2010 LOS ANGELES, CA 90048-5018 | CTB | | | \$50.00 |
| ANDERSON FOR ASSEMBLY 2010 LOS ANGELES, CA 90048-5018 | CTB | | | \$100.00 |
| ANDERSON FOR ASSEMBLY 2010 LOS ANGELES, CA 90048-5018 | CTB | | | \$50.00 |
| LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 BURLINGAME, CA 94010-4443 | CTB | | | \$1,000.00 |
| LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 BURLINGAME, CA 94010-4443 | CTB | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 869 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| LARRY ACEVES FOR SUPERINTENDENT OF PUBLIC INSTRUCTION 2010 BURLINGAME, CA 94010-4443 | CTB | | | \$500.00 |
| YORIKO KISHIMOTO FOR ASSEMBLY 2010 PALO ALTO, CA 94303-0713 | CTB | | | \$3,900.00 |
| YORIKO KISHIMOTO FOR ASSEMBLY 2010 PALO ALTO, CA 94303-0713 | CTB | | | \$3,900.00 |
| YORIKO KISHIMOTO FOR ASSEMBLY 2010 PALO ALTO, CA 94303-0713 | CTB | | | \$500.00 |
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 870 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$35.00 |
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$35.00 |
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$35.00 |
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$35.00 |
| CAPITOL AREA PROGRESSIVES DEMOCRATIC CLUB ELK GROVE, CA 95759-1505 | CTB | | | \$35.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 871 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$10.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 872 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$10.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 873 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$250.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$20.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$100.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$100.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 874 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$250.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$50.00 |
| EAST BAY YOUNG DEMOCRATS PIEDMONT, CA 94610-1001 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 875 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| LOS ANGELES COUNTY YOUNG DEMOCRATS LOS ANGELES, CA 90025-9083 | CTB | | | \$40.00 |
| LOS ANGELES COUNTY YOUNG DEMOCRATS LOS ANGELES, CA 90025-9083 | CTB | | | \$20.00 |
| LOS ANGELES COUNTY YOUNG DEMOCRATS LOS ANGELES, CA 90025-9083 | CTB | | | \$20.00 |
| LOS ANGELES COUNTY YOUNG DEMOCRATS LOS ANGELES, CA 90025-9083 | CTB | | | \$60.00 |
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 876 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$35.00 |
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$20.00 |
| FWPC SAN FRANCISCO, CA 94102 | CTB | | | \$35.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 877 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SFWPC SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| YOU EMPOWER OUR COMMUNITY SAN MARCOS, CA 92078 | CTB | | | \$4,500.00 |
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$25.00 |
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$25.00 |
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$50.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 878 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$20.00 |
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$20.00 |
| YES ON EQUALITY DAVIS, CA 95617-1042 | CTB | | | \$50.00 |
| SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) SAN DIEGO, CA 92111-1315 | CTB | | | \$25.00 |
| SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) SAN DIEGO, CA 92111-1315 | CTB | | | \$850.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 879 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) SAN DIEGO, CA 92111-1315 | CTB | | | \$25.00 |
| SAN DIEGO COUNTY DEMOCRATIC PARTY (CA STATE ACCOUNT) SAN DIEGO, CA 92111-1315 | CTB | | | \$1,000.00 |
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$110.00 |
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$55.00 |
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$110.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 880 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$55.00 |
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$55.00 |
| AMADOR COUNTY DEMOCRATIC PARTY SUTTER CREEK, CA 95685-0924 | CTB | | | \$110.00 |
| NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE GRASS VALLEY, CA 95945-2074 | CTB | | | \$15.00 |
| NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE GRASS VALLEY, CA 95945-2074 | CTB | | | \$15.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 881 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE GRASS VALLEY, CA 95945-2074 | CTB | | | \$500.00 |
| NEVADA COUNTY DEMOCRATIC CENTRAL COMMITTEE GRASS VALLEY, CA 95945-2074 | CTB | | | \$15.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$120.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 882 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 883 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 884 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 885 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 886 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 887 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 888 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 889 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 890 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 891 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 892 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$60.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$90.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 893 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$120.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$30.00 |
| PLACER DEMOCRATS ROSEVILLE, CA 95678-0423 | CTB | | | \$25.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$150.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$125.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 894 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$150.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$125.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$150.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$150.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$125.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 895 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 896 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$150.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$75.00 |
| SAN FRANCISCO COUNTY DEMOCRATIC PARTY SAN FRANCISCO, CA 94102 | CTB | | | \$300.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 897 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SAN LUIS OBISPO COUNTY DEMOCRATIC PARTY SACRAMENTO, CA 95841-3111 | CTB | | | \$100.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 898 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 899 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$70.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 900 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$50.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 901 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$70.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$25.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 03/08/2009 | | |
| through 05/02/2009 | | Page 902 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| VENTURA COUNTY DEMOCRATIC PARTY VENTURA, CA 93001 | CTB | | | \$20.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 903 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$20.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |
| SIMI VALLEY/MOORPARK DEMOCRATIC CLUB SIMI VALLEY, CA 93063-0005 | CTB | | | \$10.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 904 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 47TH ASSEMBLY DISTRICT DEMOCRATIC CLUB CULVER CITY, CA 90231-4656 | CTB | | | \$120.00 |
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$27.00 |
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$54.00 |
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$54.00 |
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$54.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 03/08/2009 | |
| through 05/02/2009 | | Page 905 of 909 |
| NAME OF FILER ActBlue | | I.D. NUMBER 1287846 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$27.00 |
| LAKE TAHOE DEMOCRATIC CLUB SOUTH LAKE TAHOE, CA 96156-0925 | CTB | | | \$27.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$247,567.43

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 03/08/2009
through 05/02/2009

CALIFORNIA
FORM 460

Page 906 of 909

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ActBlue

I.D. NUMBER
1287846

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 03/08/2009
through 05/02/2009

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains 5 empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from 03/08/2009 through 05/02/2009 | CALIFORNIA FORM 460 |
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| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | SUBTOTALS | | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 03/08/2009
through 05/02/2009

SCHEDULE I
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SEE INSTRUCTIONS ON REVERSE

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| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$0.00

2. Unitemized increases to cash under \$100 this period..... \$60.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$60.00